

Inspire Brands Foundation, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2019

TAX RETURNS

SMITH & HOWARD

Certified Public Accountants and Advisers

INSPIRE BRANDS FOUNDATION, INC.
INSTRUCTIONS FOR FILING
FORM 990-T
990-T - EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN
FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILE THE SIGNED RETURN BY NOVEMBER 15, 2020 WITH:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

NO ESTIMATED TAX PAYMENTS FOR 2020 WILL BE REQUIRED, NOR WILL YOU BE SUBJECT TO UNDERPAYMENT PENALTIES BECAUSE YOU HAVE NO 2019 TAX LIABILITY.

PUBLIC INSPECTION COPY

INSPIRE BRANDS FOUNDATION, INC.
INSTRUCTIONS FOR FILING
FORM 8879-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

SMITH & HOWARD, P.C.
271 17TH STREET, NW SUITE 1600
ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH:
GEORGIA DEPARTMENT OF REVENUE
P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2020. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Name and title of officer

DANTON NOLAN, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>10803268.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

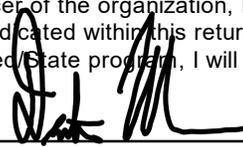
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SMITH & HOWARD, P.C. to enter my PIN 1 7 2 3 9 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 11/15/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 7 9 8 3 8 5 8 1 2 5
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ Marc A. Ager

Date ▶ 11/15/2020

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **2019**, and ending **20**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **INSPIRE BRANDS FOUNDATION, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **THREE GLENLAKE PARKWAY** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **ATLANTA, GA 30328**

D Employer identification number: **58-1692997**

E Telephone number: **(678) 514-5151**

F Name and address of principal officer: **DANTON NOLAN**
THREE GLENLAKE PARKWAY, ATLANTA, GA 30328

G Gross receipts \$: **13,765,731.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.FOUNDATION.INSPIREBRANDS.COM**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1986** **M** State of legal domicile: **GA**

H(c) Group exemption number ▶ _____

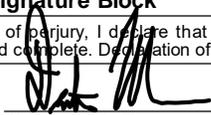
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE INSPIRE BRANDS FOUNDATION IGNITES AND NOURISHES CHANGE FOR GOOD.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 11.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 10.
	6 Total number of volunteers (estimate if necessary) 6 545.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 7,686,694. Prior Year 10,684,154. Current Year
	9 Program service revenue (Part VIII, line 2g) 9 0. 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 316,686. 204,787.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -230,458. -85,673.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,772,922. 10,803,268.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 6,720,355. 8,441,375.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 886,553. 1,105,704.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. 0.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 916,669.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,134,093. 1,387,098.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 8,741,001. 10,934,177.
19 Revenue less expenses. Subtract line 18 from line 12 19 -968,079. -130,909.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 8,454,099. 11,095,916. Beginning of Current Year End of Year
	21 Total liabilities (Part X, line 26) 21 1,784,595. 3,369,116.
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 6,669,504. 7,726,800.

Part II Signature Block

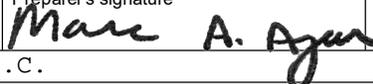
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: **11/15/2020**

Type or print name and title: **DANTON NOLAN** **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **MARC A AZAR** Preparer's signature:  Date: **11/15/2020** Check if self-employed PTIN: **P91739349**

Firm's name ▶ **SMITH & HOWARD, P.C.** Firm's EIN ▶ **58-1250486**

Firm's address ▶ **271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363** Phone no. **404-874-6244**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,861,172. including grants of \$ 2,861,172.) (Revenue \$)

BOYS & GIRLS CLUBS OF AMERICA (BGCA): WE CONTRIBUTE FUNDS TO SUPPORT BGCA, AN ORGANIZATION THAT ENABLES ALL YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS. OUR FUNDING SUPPORTS YOUTH SPORTS PROGRAMS THAT BUILD CHARACTER AND PROMOTE A HEALTHY LIFESTYLE, ALIGNING WITH OUR MISSION TO BUILD COMMUNITIES WHERE ALL KIDS CAN THRIVE, COMPETE, AND BELONG TO A TEAM.

4b (Code:) (Expenses \$ 1,032,050. including grants of \$ 1,032,050.) (Revenue \$)

SHARE OUR STRENGTH: WE CONTRIBUTE FUNDS TO SUPPORT NO KID HUNGRY, A NATIONAL CAMPAIGN RUN BY SHARE OUR STRENGTH FOCUSED ON ENDING CHILDHOOD HUNGER. THESE FUNDS GO TOWARDS PROGRAMS AND INITIATIVES THAT ALIGN WITH OUR CORE PILLAR OF FIGHTING CHILDHOOD HUNGER.

4c (Code:) (Expenses \$ 250,000. including grants of \$ 250,000.) (Revenue \$)

BIG BROTHERS BIG SISTERS OF AMERICA (BBBS): WE CONTRIBUTE FUNDS TO SUPPORT BBBS OF AMERICA, A YOUTH-SERVING ORGANIZATION THAT HELPS CHILDREN REALIZE THEIR POTENTIAL AND BUILD THEIR FUTURE. OUR FUNDS SUPPORT INITIATIVES AND PROGRAMS THAT PROVIDE ADULT VOLUNTEER MENTORS TO CHILDREN ACROSS THE COUNTRY, ALIGNING WITH OUR CORE PILLAR OF YOUTH LEADERSHIP.

4d Other program services (Describe on Schedule O.) ATTACHMENT 2

(Expenses \$ 5,278,441. including grants of \$ 4,298,153.) (Revenue \$)

4e Total program service expenses 9,421,663.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (6), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records UTA BELVIN THREE GLENLAKE PARKWAY ATLANTA, GA 30328 678-514-5151

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART BROWN EXECUTIVE DIRECTOR	40.00 0.			X			184,535.	0.	37,155.	
(2) EMILY CRAWFORD DIR. IMPACT & COMM.	40.00 0.					X	132,047.	0.	15,515.	
(3) UTA BELVIN SR. MANAGER, FINANCE	40.00 0.					X	111,866.	0.	23,562.	
(4) CHRIS FULLER CHAIRMAN	2.00 0.	X		X			0.	0.	0.	
(5) DANTON NOLAN VICE CHAIRMAN/TREASURER	2.00 0.	X		X			0.	0.	0.	
(6) CHRIS HELD SECRETARY	2.00 0.	X		X			0.	0.	0.	
(7) JIM TAYLOR TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) LYLE TICK TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) DAVID POWELL TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) ANTONIO MACHADO TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) PATTY TUCKER TRUSTEE	1.00 0.	X					0.	0.	0.	
(12) ED BAKER TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) BILL BOLLING TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) TRAVIS MURPHY TRUSTEE	1.00 0.	X					0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,346,575.					
	d Related organizations	1d	405,000.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	8,932,579.					
	g Noncash contributions included in lines 1a-1f.	1g	\$ 120,918.					
	h Total. Add lines 1a-1f			10,684,154.				
	Program Service Revenue				Business Code			
2a _____								
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f			0.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			253,016.			253,016.	
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			0.				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b	2,377,643.	16,753.		
			c Gain or (loss)	7c	-47,242.	-987.		
	d Net gain or (loss)				-48,229.		-48,229.	
	8a Gross income from fundraising events (not including \$ 1,346,575. of contributions reported on line 1c). See Part IV, line 18	8a			482,394.			
			b Less: direct expenses	8b	568,067.			
			c Net income or (loss) from fundraising events.				-85,673.	
9a Gross income from gaming activities. See Part IV, line 19	9a			0.				
		b Less: direct expenses	9b	0.				
		c Net income or (loss) from gaming activities.				0.		
10a Gross sales of inventory, less returns and allowances	10a			0.				
		b Less: cost of goods sold	10b	0.				
		c Net income or (loss) from sales of inventory.				0.		
Miscellaneous Revenue				Business Code				
	11a _____							
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				0.				
12 Total revenue. See instructions				10,803,268.			119,114.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	786,762.	1	1,120,310.
	2 Savings and temporary cash investments	696,815.	2	542,373.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	531,940.	4	1,392,709.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	11,114.	9	129,827.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,966.		
	b Less: accumulated depreciation.	10b 43,981.		
		19,084.	10c	14,985.
	11 Investments - publicly traded securities.	6,408,384.	11	7,895,712.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	0.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,454,099.	16	11,095,916.	
Liabilities	17 Accounts payable and accrued expenses	202,843.	17	240,987.
	18 Grants payable	1,581,752.	18	3,128,129.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	1,784,595.	26	3,369,116.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,669,504.	27	7,726,800.
	28 Net assets with donor restrictions.	0.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	6,669,504.	32	7,726,800.
33 Total liabilities and net assets/fund balances.	8,454,099.	33	11,095,916.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,803,268.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,934,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	-130,909.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,669,504.
5	Net unrealized gains (losses) on investments	5	1,188,205.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,726,800.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization INSPIRE BRANDS FOUNDATION, INC.	Employer identification number 58-1692997
---	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **INSPIRE BRANDS FOUNDATION, INC.**

Employer identification number
58-1692997

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 567,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 405,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INSPIRE BRANDS FOUNDATION, INC.**

Employer identification number

58-1692997

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **INSPIRE BRANDS FOUNDATION, INC.**

Employer identification number
58-1692997

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a [X] Public exhibition
b [] Scholarly research
c [] Preservation for future generations
d [X] Loan or exchange program
e [] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII []

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

Part XIII Supplemental Information (continued)

PART III, LINE 1A

COLLECTIONS ACQUIRED THROUGH PURCHASES ARE NOT RECORDED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF A COLLECTION ARE RECORDED AS A DECREASE IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE COLLECTIONS ARE ACQUIRED. CONTRIBUTED COLLECTIONS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.

PART III, LINE 4

THE FOUNDATION ACQUIRED A HAT THAT IS CONSIDERED A COLLECTIBLE. THE HAT HAS BEEN USED AND WILL CONTINUE TO BE USED AS A PUBLIC AWARENESS INITIATIVE FOR THE ARBY'S FOUNDATION. IT HAS TRAVELED ON A PUBLICITY TOUR INCLUDING A TEMPORARY EXHIBIT AT THE NEWSEUM IN WASHINGTON, D.C. AND THE GRAMMY MUSEUM IN LOS ANGELES. WHEN ON TOUR, THE HAT HELPS TO INCREASE AWARENESS FOR THE FOUNDATION'S MISSION.

PART V, LINE 4

THE BOARD OF TRUSTEES VOTED TO CHANGE THE "ENDOWMENT" FUND TO A RESERVE FUND.

PART X, LINE 2

THE FOUNDATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS BEING EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "IRC") AS A PUBLICLY SUPPORTED ORGANIZATION. U.S. GAAP REQUIRES AN ASSET AND LIABILITY APPROACH TO FINANCIAL ACCOUNTING AND REPORTING FOR INCOME TAXES. DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE COMPUTED ANNUALLY FOR THE DIFFERENCE BETWEEN THE FINANCIAL STATEMENT AND TAX BASIS OF ASSETS AND

Part XIII Supplemental Information (continued)

LIABILITIES THAT WILL RESULT IN TAXABLE OR DEDUCTIBLE AMOUNTS IN THE FUTURE, BASED ON ENACTED TAX LAWS AND RATES. VALUATION ALLOWANCES ARE ESTABLISHED WHEN NECESSARY TO REDUCE THE DEFERRED INCOME TAX ASSETS TO AN AMOUNT THAT IS MORE LIKELY THAN NOT TO BE REALIZED. THE FOUNDATION IS SUBJECT TO IRC SECTION 511(A) FOR INCOME TAXES ON UNRELATED BUSINESS INCOME. THE FOUNDATION HAS REPORTED ON ITS FORM 990-T, THE RETURN TO REPORT UNRELATED BUSINESS INCOME, APPROXIMATELY \$750,000 OF NET OPERATING LOSS CARRY FORWARDS. THESE NET OPERATING LOSSES MAY BE AVAILABLE TO OFFSET FUTURE UNRELATED BUSINESS INCOME. THESE NET OPERATING LOSSES WILL EXPIRE BETWEEN 2023 TO 2026. THESE NET OPERATING LOSSES RESULTED IN APPROXIMATELY \$193,000 OF DEFERRED INCOME TAX ASSETS WHICH ARE FULLY RESERVED FOR WITH A VALUATION ALLOWANCE. MANAGEMENT DOES NOT BELIEVE IT IS MORE LIKELY THAN NOT THE FUTURE BENEFITS OF THE NET OPERATING LOSSES WILL BE RECOGNIZED.

THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2019, THERE ARE NO KNOWN ITEMS WHICH RESULT IN RECORDING A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS. TAX YEARS 2016 THROUGH 2019 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS (U.S. FEDERAL, STATE AND LOCAL AUTHORITIES).

PART XI, LINE 2D

FUNDRAISING EVENT EXPENSES	\$(568,067)
LOSS ON SALE OF ASSET	\$(987)
BAD DEBT EXPENSE	\$(20,000)

Part XIII Supplemental Information *(continued)*

TOTAL OTHER ADJUSTMENT \$ (589,054)

PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES \$ (568,067)

LOSS ON SALE OF ASSET \$ (987)

BAD DEBT EXPENSE \$ (20,000)

TOTAL OTHER ADJUSTMENT \$ (589,054)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PARTNER PROGRAM (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,828,969.		1,828,969.
	2	Less: Contributions	1,346,575.		1,346,575.
	3	Gross income (line 1 minus line 2)	482,394.		482,394.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,202.		2,202.
	6	Rent/facility costs	93,238.		93,238.
	7	Food and beverages	163,167.		163,167.
	8	Entertainment	93,088.		93,088.
	9	Other direct expenses	216,372.		216,372.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			568,067.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-85,673.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE STE 500	13-5562976	501 (C) (3)	2,861,172.				MISSION SUPPORT
(2) SHARE OUR STRENGTH 1030 15TH STREET NW WASHINGTON, DC 20005	52-1367538	501 (C) (3)	1,032,050.	121.	FMV	FOOD	MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF AMERICA 2502 ROCKY POINT DRIVE STE 550	23-1365190	501 (C) (3)	250,000.				MISSION SUPPORT
(4) THE POSSE FOUNDATION, INC. 14 WALL STREET STE 8A-60 NEW YORK, NY 10005	13-3840394	501 (C) (3)	200,000.				MISSION SUPPORT
(5) YOUTH IMPROVED INCORPORATED 515 MADISON AVENUE NEW YORK, NY 10022	27-0988546	501 (C) (3)	120,000.				MISSION SUPPORT
(6) C5 GEORGIA YOUTH LEADERSHIP FOUNDATION 7 DUNWOODY PARK. STE 103 ATLANTA, GA 30338	26-2498817	501 (C) (3)	100,000.				MISSION SUPPORT
(7) CLEVELAND BROWNS FOUNDATION 76 LOU GROZA BLVD BEREA, OH 44017	34-1885593	501 (C) (3)	100,000.	3,312.	FMV	FOOD	MISSION SUPPORT
(8) UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033	27-0711063	501 (C) (3)	100,000.				MISSION SUPPORT
(9) BBBS OF NORTHWEST FLORIDA 1320 CREIGHTON ROAD PENSACOLA, FL 32504	59-2996893	501 (C) (3)	75,000.				MISSION SUPPORT
(10) UNITED WAY ASHEVILLE & BUNCOMBE COUNTY 50 SOUTH FRENCH BROAD AVENUE	56-0576157	501 (C) (3)	75,000.				MISSION SUPPORT
(11) INDIANA FFA FOUNDATION P.O. BOX 9 TRAFALGAR, IN 46181	35-6056070	501 (C) (3)	63,100.				MISSION SUPPORT
(12) MAKE A WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE STE 175	38-2505812	501 (C) (3)	62,000.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LANE STE B	61-6057856	501 (C) (3)	57,000.				MISSION SUPPORT
(2) HUNGER TASK FORCE, INC. 201 S. HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501 (C) (3)	55,800.				MISSION SUPPORT
(3) EAST LAKE FOUNDATION, INC. 2606 ALSTON DRIVE SE ATLANTA, GA 30317	58-2204306	501 (C) (3)	55,000.				MISSION SUPPORT
(4) KIDS' FOOD BASKET 1300 PLYMOUTH AVENUE NE	04-3760991	501 (C) (3)	55,000.				MISSION SUPPORT
(5) 3DE NATIONAL, LLC. 3565 PIEDMONT ROAD NE BLDG 1 STE 460	83-1444494	501 (C) (3)	52,140.				MISSION SUPPORT
(6) BOYER CHILDREN'S CLINIC 1850 BOYER AVENUE EAST SEATTLE, WA 98112	91-1316838	501 (C) (3)	51,000.				MISSION SUPPORT
(7) ATLANTA COMMUNITY FOOD BANK. 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	501 (C) (3)	50,000.				MISSION SUPPORT
(8) COMMUNITIES IN SCHOOLS, INC. 2345 CRYSTAL DRIVE STE 700	58-1289174	501 (C) (3)	50,000.				MISSION SUPPORT
(9) NATIONAL RESTAURANT ASSOCIATION 2055 L STREET NW WASHINGTON, DC 20036	36-6103388	501 (C) (3)	50,000.				MISSION SUPPORT
(10) SHARING AND CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501 (C) (3)	49,000.				MISSION SUPPORT
(11) MORTGAGE MIRACLES FOR KIDS 3002 DOW AVENUE TUSTIN, CA 92780	91-2160616	501 (C) (3)	47,400.				MISSION SUPPORT
(12) FRIENDS OF THE CHILDREN - PORTLAND 44 NE MORRIS STREET PORTLAND, OR 97212	93-1098105	501 (C) (3)	46,300.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BBBS OF GREATER PITTSBURGH 5989 CENTER AVENUE STE 1	25-6074707	501 (C) (3)	45,000.				MISSION SUPPORT
(2) CATHOLIC COMMUNITY SERVICES OF UTAH 2504 F AVENUE OGDEN, UT 84401	87-0212450	501 (C) (3)	43,600.				MISSION SUPPORT
(3) LIFELINE CHILDREN'S SERVICES 100 MISSIONARY RIDGE BIRMINGHAM, AL 35242	63-0896878	501 (C) (3)	39,900.				MISSION SUPPORT
(4) BOYS & GIRLS CLUBS OF TENNESSEE VALLEY 967 IRWIN STREET KNOXVILLE, TN 37917	62-0475743	501 (C) (3)	36,000.				MISSION SUPPORT
(5) UTAH FOOD BANK 3150 S. 900 WEST SALT LAKE CITY, UT 84119	87-0212453	501 (C) (3)	35,000.				MISSION SUPPORT
(6) JUNIOR ACHIEVEMENT OF NORTH FLORIDA 4049 WOODCOCK DRIVE STE 200	59-1021800	501 (C) (3)	33,600.				MISSION SUPPORT
(7) INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE STE 120 RALEIGH, NC 27603	56-1753180	501 (C) (3)	31,200.				MISSION SUPPORT
(8) ATLANTA AREA COUNCIL 1800 CIRCLE 75 PARKWAY SE ATLANTA, GA 30339	58-0566122	501 (C) (3)	30,000.				MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF METRO ATLANTA 1382 PEACHTREE STREET NE ATLANTA, GA 30309	58-0861895	501 (C) (3)	30,000.				MISSION SUPPORT
(10) NORTH CAROLINA OUTWARD BOUND SCHOOL 2582 RICEVILLE RD ASHEVILLE, NC 28805	56-0857708	501 (C) (3)	30,000.				MISSION SUPPORT
(11) ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVENUE PHOENIX, AZ 85009	23-7353532	501 (C) (3)	30,000.				MISSION SUPPORT
(12) LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501 (C) (3)	27,600.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2019)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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(1) AGAPE YOUTH & FAMILY CENTER 2210 MARIETTA BOULEVARD NW	58-2372950	501 (C) (3)	26,600.				MISSION SUPPORT
(2) HABITAT FOR HUMANITY OF FORSYTH COUNTY 1023 W. 14TH STREET WINSTON SALEM, NC 27105	56-1448955	501 (C) (3)	26,100.				MISSION SUPPORT
(3) BOYS & GIRLS CLUBS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE STE 200	62-0540402	501 (C) (3)	26,000.				MISSION SUPPORT
(4) ATLANTA FULTON COUNTY ZOO, INC. 800 CHEROKEE AVENUE SE ATLANTA, GA 30315	58-1655184	501 (C) (3)	25,000.				MISSION SUPPORT
(5) BEARINGS BIKE SHOP 982 MURPHY AVENUE SW ATLANTA, GA 30310	45-4335893	501 (C) (3)	25,000.				MISSION SUPPORT
(6) COVENANT HOUSE GEORGIA P.O. BOX 94465 ATLANTA, GA 30377	13-3523561	501 (C) (3)	25,000.				MISSION SUPPORT
(7) FOODFINDERGA, INC. 2642 RANKIN RUN DULUTH, GA 30097	47-2110577	501 (C) (3)	25,000.				MISSION SUPPORT
(8) GEORGIA FOOD BANK ASSOCIATION 732 JOSEPH LOWERY BLVD NW ATLANTA, GA 30318	58-2374577	501 (C) (3)	25,000.				MISSION SUPPORT
(9) GEORGIA TECH FOUNDATION, INC. 760 SPRING STREET NW STE 400	58-6043294	501 (C) (3)	25,000.				MISSION SUPPORT
(10) GROVE PARK FOUNDATION, INC. 1566 DONALD LEE HOLLOWELL PKWY NE STE 105	82-1913260	501 (C) (3)	25,000.				MISSION SUPPORT
(11) PURPOSE BUILT SCHOOLS ATLANTA, INC. 1670 BENJAMIN WELDON BICKERS DR. SE	81-1114844	501 (C) (3)	25,000.				MISSION SUPPORT
(12) ROBERT W. WOODRUFF ARTS CENTER INC 1280 PEACHTREE ST. NE ATLANTA, GA 30309	58-0633971	501 (C) (3)	25,000.				MISSION SUPPORT

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(1) BLESSINGS IN A BACKPACK, INC. PO BOX 950291 LOUISVILLE, KY 40295	26-1964620	501 (C) (3)	24,119.				MISSION SUPPORT
(2) BBBS OF BERKS COUNTY PA 303 WINDSOR STREET READING, PA 19601	23-6463243	501 (C) (3)	23,200.				MISSION SUPPORT
(3) THE SOUP KITCHEN OF GREATER WHEELING INC P.O. BOX 546 WHEELING, WV 26003	55-0639285	501 (C) (3)	21,900.				MISSION SUPPORT
(4) AMAZING GRACE MISSION OF SUMNER COUNTY 1 DEPOT STREET UNIT 164	62-1768690	501 (C) (3)	21,500.				MISSION SUPPORT
(5) GOD'S PANTRY FOOD BANK, INC. 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 (C) (3)	20,300.				MISSION SUPPORT
(6) ATLANTA CHARITY CLAYS P.O. BOX 52686 ATLANTA, GA 30355	47-2835630	501 (C) (3)	20,000.				MISSION SUPPORT
(7) BESTPREP 7100 NORTHLAND CIRCLE NORTH STE 120	41-1265355	501 (C) (3)	20,000.				MISSION SUPPORT
(8) CROSSBRIDGE, INC. 335 MURFREESBORO PIKE NASHVILLE, TN 37210	16-1755991	501 (C) (3)	20,000.				MISSION SUPPORT
(9) FEEDING SOUTH FLORIDA, INC. 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501 (C) (3)	20,000.				MISSION SUPPORT
(10) MUSCULAR DYSTROPHY ASSOCIATION - GREATER 1503 SANTA ROSA ROAD RICHMOND, VA 23229	13-1665552	501 (C) (3)	20,000.				MISSION SUPPORT
(11) THE STEWART FOUNDATION INC P.O. BOX 54680 ATLANTA, GA 30308	20-5918776	501 (C) (3)	20,000.				MISSION SUPPORT
(12) UNITED WAY OF THE CHATTAHOOCHEE VALLEY 1100 5TH AVENUE P.O. BOX 1157	58-0572434	501 (C) (3)	20,000.				MISSION SUPPORT

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(1) SECOND HARVEST FOOD BANK CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315	501 (C) (3)	18,600.				MISSION SUPPORT
(2) MAKE A WISH FOUNDATION OF EAST TENNESSEE 6700 BAUM DRIVE STE 7 KNOXVILLE, TN 37919	58-1799549	501 (C) (3)	18,100.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF COLORADO 750 W. HAMPDEN AVENUE STE 450	23-7161796	501 (C) (3)	18,050.				MISSION SUPPORT
(4) BOYS & GIRLS CLUBS OF SOUTHERN MARYLAND 9021 DAYTON AVENUE NORTH BEACH, MD 20714	52-2145392	501 (C) (3)	17,500.				MISSION SUPPORT
(5) OUR PLACE ART ORGANIZATION INC P.O. BOX 5142 KNOXVILLE, TN 37928	90-1003720	501 (C) (3)	17,000.				MISSION SUPPORT
(6) PACK PEOPLE OF ACTION CARING FOR KIDS 4 MALL TERRACE SAVANNAH, GA 31406	81-2615493	501 (C) (3)	16,300.				MISSION SUPPORT
(7) GENESEE COUNTY HABITAT FOR HUMANITY 101 BURTON STREET FLINT, MI 48503	38-2899387	501 (C) (3)	16,151.				MISSION SUPPORT
(8) I AM A FATHER 5K 2492 WHITE OAK DRIVE DECATUR, GA 30032	81-1044572	501 (C) (3)	16,000.				MISSION SUPPORT
(9) CHOA FOUNDATION, INC. 3395 NORTHEAST EXPRESSWAY ATLANTA, GA 30341	58-1710601	501 (C) (3)	15,000.				MISSION SUPPORT
(10) CONCERNED CITIZENS FOR OUR YOUTH, INC. 1200 BEACON LANE JASPER, AL 35504	63-0640563	501 (C) (3)	15,000.				MISSION SUPPORT
(11) DOWNTOWN JIMMIE HALE MISSION 3240 2ND AVENUE N BIRMINGHAM, AL 35202-0472	63-0358757	501 (C) (3)	15,000.				MISSION SUPPORT
(12) GEORGIA CENTER FOR NON-PROFITS 100 PEACHTREE STREET NW STE 1500	58-2554789	501 (C) (3)	15,000.				MISSION SUPPORT

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(1) MAKE A WISH FOUNDATION OF GEORGIA, INC. 1775 THE EXCHANGE SE STE 200	58-2146828	501 (C) (3)	15,000.				MISSION SUPPORT
(2) PROGRESSIVE DIRECTIONS, INC. 1249 PARADISE HILL ROAD	62-0984796	501 (C) (3)	15,000.				MISSION SUPPORT
(3) WORLD LEADERSHIP FOUNDATION, INC. 19 OLD TOWN SQUARE FORT COLLINS, CO 80524	27-0490843	501 (C) (3)	15,000.				MISSION SUPPORT
(4) MAKE A WISH FOUNDATION MIDDLE TENNESSEE 600 HILL AVENUE STE 201 NASHVILLE, TN 37210	62-1833327	501 (C) (3)	14,800.				MISSION SUPPORT
(5) BBBS OF THE CAPITAL REGION, INC. 1519 NORTH 3RD STREET STE H	23-2260248	501 (C) (3)	14,400.				MISSION SUPPORT
(6) BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501 (C) (3)	14,000.				MISSION SUPPORT
(7) CHILDREN'S ADVOCACY CENTER OF SW FLORIDA 3830 EVANS AVENUE FORT MYERS, FL 33901	65-0007620	501 (C) (3)	14,000.				MISSION SUPPORT
(8) FAMILY SERVICES OF NW PA 5100 PEACH STREET ERIE, PA 16509	25-0987225	501 (C) (3)	14,000.				MISSION SUPPORT
(9) MADONNA SCHOOL & COMMUNITY-BASED SERVICES 6402 N. 71ST PLZ OMAHA, NE 68104	47-0491332	501 (C) (3)	14,000.				MISSION SUPPORT
(10) NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501 (C) (3)	13,652.				MISSION SUPPORT
(11) CYSTIC FIBROSIS FOUNDATION 200 GATEWAY PARK DRIVE SYRACUSE, NY 13212	13-1930701	501 (C) (3)	13,400.				MISSION SUPPORT
(12) JA OF SOUTH CENTRAL PENNSYLVANIA 610 SOUTH GEORGE STREET YORK, PA 17401	23-1598129	501 (C) (3)	13,400.				MISSION SUPPORT

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(1) BIG BROTHERS & BIG SISTERS SERVICES, INC. 1707 SUMMIT AVENUE STE 200	54-0702502	501 (C) (3)	12,800.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF CENTRAL OHIO 1855 EAST DUBLIN-GRANVILLE ROAD	31-4379429	501 (C) (3)	12,500.				MISSION SUPPORT
(3) FEEDING AMERICA TAMPA BAY, INC. 4702 TRANSPORT DRIVE TAMPA, FL 33605	59-2116576	501 (C) (3)	12,100.				MISSION SUPPORT
(4) BBBS OF SAN DIEGO COUNTY, INC. 4305 UNIVERSITY AVENUE STE 300	95-2151526	501 (C) (3)	12,000.				MISSION SUPPORT
(5) BBBS OF EASTERN MISSOURI 501 NORTH GRAND BOULEVARD STE 100	43-0669085	501 (C) (3)	11,900.				MISSION SUPPORT
(6) SAN ANTONIO FOOD BANK 5200 ENRIQUE BARRERA SAN ANTONIO, TX 78227	74-2122979	501 (C) (3)	11,900.				MISSION SUPPORT
(7) BIG BROTHERS BIG SISTERS OF NW FLORIDA 1320 CREIGHTON ROAD PENSACOLA, FL 32504	59-2996893	501 (C) (3)	11,800.				MISSION SUPPORT
(8) BBBS OF GREATER FREDERICKSBURG 325A WALLACE STREET	54-0848850	501 (C) (3)	11,700.				MISSION SUPPORT
(9) WEEKEND SURVIVAL KITS, INC. 319 W. GRAND RIVER AVENUE	45-4444119	501 (C) (3)	11,700.				MISSION SUPPORT
(10) COMMON GROUND MONTGOMERY, INC. P.O. BOX 1866 MONTGOMERY, AL 36102	20-4172444	501 (C) (3)	11,300.				MISSION SUPPORT
(11) FIFTH WARD SAINTS NORTH 140 GATHERING PLACE LANE	82-4371442	501 (C) (3)	11,100.				MISSION SUPPORT
(12) ISAIAH 117 PROJECT, INC. 372 EAST 800 SOUTH FORT BRANCH, IN 47648	82-0712213	501 (C) (3)	11,000.				MISSION SUPPORT

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(1) JUNIOR ACHIEVEMENT EAST CENTRAL FLORIDA 1275 SOUTH PATRICK DRIVE	59-2461562	501 (C) (3)	11,000.				MISSION SUPPORT
(2) THE JOSHUA PROJECT P.O. BOX 413 MIDDLEBURGH, NY 12122	22-3072537	501 (C) (3)	11,000.				MISSION SUPPORT
(3) YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET ROCKFORD, IL 61104	36-2174838	501 (C) (3)	10,800.				MISSION SUPPORT
(4) BOYS & GIRLS CLUB OF EVANSVILLE P.O. BOX 6311 EVANSVILLE, IN 47719	35-1007558	501 (C) (3)	10,700.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF FOX VALLEY 3301C NORTH BALLARD ROAD APPLETON, WI 54911	39-6103907	501 (C) (3)	10,400.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS VENTURA COUNTY 555 AIRPORT WAY STE D CAMARILLO, CA 93010	20-3425568	501 (C) (3)	10,200.				MISSION SUPPORT
(7) MOUNTAIN CHILD ADVOCACY CENTER 11 VANDERBILT PARK DRIVE STE A	58-1828408	501 (C) (3)	10,200.				MISSION SUPPORT
(8) ABIDE NETWORK INC 3223 NORTH 45TH STREET OMAHA, NE 68111	47-0655246	501 (C) (3)	10,100.				MISSION SUPPORT
(9) ATLANTA POLICE FOUNDATION 191 PEACHTREE STREET NE STE 191	11-3655936	501 (C) (3)	10,000.				MISSION SUPPORT
(10) AUTISM SPEAKS, INC. 6197 PRAIRIEFIRE AVENUE COLUMBUS, OH 43230	20-2329938	501 (C) (3)	10,000.				MISSION SUPPORT
(11) BBBS OF NORTHWESTERN OHIO FOUR SEAGATE SUITE 660 TOLEDO, OH 43604	34-1396251	501 (C) (3)	10,000.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF METROPOLITAN 7700 SECOND AVENUE STE 602	38-6112533	501 (C) (3)	10,000.				MISSION SUPPORT

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIG BROTHERS BIG SISTERS OF OKLAHOMA 1401 SOUTH BOULDER AVENUE STE 300	73-1226237	501 (C) (3)	10,000.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF THE TRI-STATE 501 5TH AVENUE STE 3 HUNTINGTON, WV 25701	55-0559711	501 (C) (3)	10,000.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF UTAH 2121 SOUTH STATE STREET SUITE 201	87-0336168	501 (C) (3)	10,000.				MISSION SUPPORT
(4) BOYS AND GIRLS CLUBS OF MAURY COUNTY 210 W. 8TH STREET COLUMBIA, TN 38401	62-1611131	501 (C) (3)	10,000.				MISSION SUPPORT
(5) COMMUNITY ACTION REGION VI P.O. BOX 507 JAMESTOWN, ND 58402	45-0333497	501 (C) (3)	10,000.				MISSION SUPPORT
(6) COOL KIDS COMMITTEE, INC. 1280 BRANDL DRIVE MARIETTA, GA 30008	81-3711856	501 (C) (3)	10,000.				MISSION SUPPORT
(7) CURE CHILDHOOD CANCER 200 ASHFORD CENTER NORTH ATLANTA, GA 30338	58-1244138	501 (C) (3)	10,000.				MISSION SUPPORT
(8) DARRELL CALDWELL 220 NATHAN DRIVE GOODLETTSVILLE, TN 37072	46-0755751	501 (C) (3)	10,000.				MISSION SUPPORT
(9) FOCUS ON YOUR FUTURE 1696 HARLINGTON ROAD SMYRNA, GA 30082	82-2077844	501 (C) (3)	10,000.				MISSION SUPPORT
(10) GRANITE EDUCATION FOUNDATION 2500 SOUTH STATE STREET D-108	94-2951639	501 (C) (3)	10,000.				MISSION SUPPORT
(11) GREAT PLAINS FOOD BANK 1720 3RD AVENUE N FARGO, MD 58102	47-2229589	501 (C) (3)	10,000.				MISSION SUPPORT
(12) HOSPITALITY EDUCATION FOUNDATION OF GA 1579 MONROE DRIVE STE 224 ATLANTA, GA 30324	58-2340138	501 (C) (3)	10,000.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2019)

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(1) JUNIOR ACHIEVEMENT OF CENTRAL OHIO 68 E. 2ND AVENUE COLUMBUS, OH 43201	31-4385042	501 (C) (3)	10,000.				MISSION SUPPORT
(2) JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD.	61-0476694	501 (C) (3)	10,000.				MISSION SUPPORT
(3) JUNIOR ACHIEVEMENT OF NORTHERN INDIANA 550 E. WALLEN ROAD FORT WAYNE, IN 46825	35-0922731	501 (C) (3)	10,000.				MISSION SUPPORT
(4) JUNIOR ACHIEVEMENT OF THEBLUEGRASS, INC. 2420 SPURR ROAD STE 150 LEXINGTON, KY 40511	61-0606480	501 (C) (3)	10,000.				MISSION SUPPORT
(5) KINGDOM FIRST 219 SHERBORNE DRIVE COLUMBUS, OH 43219	81-4446525	501 (C) (3)	10,000.				MISSION SUPPORT
(6) LINCOLN VILLAGE PRESERVATION CORPORATION 1110 MERIDIAN STREET HUNTSVILLE, AL 35801	20-0379279	501 (C) (3)	10,000.				MISSION SUPPORT
(7) MEALS ON WHEELS ATLANTA, INC. 1705 COMMERCE DRIVE N.W. ATLANTA, GA 30318	58-0960309	501 (C) (3)	10,000.				MISSION SUPPORT
(8) TAN'S TREATS, INC. 2253 E. CRIMSON RIDGE DRIVE	81-2756565	501 (C) (3)	10,000.				MISSION SUPPORT
(9) THE GIVING KITCHEN INITIATIVE 513 EDGEWOOD AVENUE STE 100	46-2176788	501 (C) (3)	10,000.				MISSION SUPPORT
(10) THE LOVETT SCHOOL, INC. 4075 PACES FERRY ROAD NW ATLANTA, GA 30327	58-0619038	501 (C) (3)	10,000.				MISSION SUPPORT
(11) TREASURE COAST YOUTH FOOTBALL & CHEER 10380 SW VILLAGE CENTER DRIVE UNIT 131	46-1740775	501 (C) (3)	10,000.				MISSION SUPPORT
(12) YMCA OF CENTRAL OHIO 1907 LEONARD AVENUE COLUMBUS, OH 43215	31-4379594	501 (C) (3)	10,000.				MISSION SUPPORT

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(1) ZAC MAGO FOUNDATION, INC. 29799 STATE ROAD 4 NORTH LIBERTY, IN 46554	83-3874431	501 (C) (3)	10,000.				MISSION SUPPORT
(2) COBB COUNTY SCHOOL DISTRICT 605 GLENDALE PLACE SMYRNA, GA 30080	58-6000214	501 (C) (3)	9,745.	6,112.	FMV	GIFT CARDS, BOOKS	MISSION SUPPORT
(3) SERVE AND CONNECT P.O. BOX 6840 COLUMBIA, SC 29260	81-1369953	501 (C) (3)	9,700.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF DANE COUNTY 2059 ATWOOD AVENUE #2 MADISON, WI 53704	39-1077783	501 (C) (3)	9,400.				MISSION SUPPORT
(5) JUNIOR ACHIEVEMENT OF THE EASTERN SHORE 123 CAMDEN STREET STE C SALISBURY, MD 21801	52-1461040	501 (C) (3)	9,300.				MISSION SUPPORT
(6) COMMUNITY PARTNERS FOR YOUTH, INC. 37 SOUTH WASHINGTON STREET	16-0997229	501 (C) (3)	9,000.				MISSION SUPPORT
(7) FLATHEAD FOOD BANK, INC. 1203 US HIGHWAY 2 STE 2 KALISPELL, MT 59901	81-0399818	501 (C) (3)	8,900.				MISSION SUPPORT
(8) UNITED WAY OF THE MIDLANDS 2201 FARNAM STREET STE 200 OMAHA, NE 68102	47-0376605	501 (C) (3)	8,855.				MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF CENTRAL VA 2901 LANGHORNE ROAD LYNCHBURG, VA 24501	54-0908680	501 (C) (3)	8,700.				MISSION SUPPORT
(10) NORTHWOOD CHILDREN'S HOME SOCIETY, INC. 741 WEST COLLEGE STREET DULUTH, MN 55811	41-0706108	501 (C) (3)	8,700.				MISSION SUPPORT
(11) UNITED WAY OF THE WABASH VALLEY, INC. 100 S. 7TH STREET TERRE HAUTE, IN 47807	35-1008531	501 (C) (3)	8,500.				MISSION SUPPORT
(12) BURLINGTON COMMUNITY SCHOOL DISTRICT 1429 WEST AVENUE BURLINGTON, IA 52601	42-6037437	501 (C) (3)	8,424.				MISSION SUPPORT

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(1) BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA 3 SOUTH ROYAL STREET STE 300	61-1683905	501 (C) (3)	8,200.				MISSION SUPPORT
(2) BOYS & GIRLS CLUB OF ROCHESTER 1026 E. CENTER STREET ROCHESTER, MN 55904	41-1945875	501 (C) (3)	8,011.				MISSION SUPPORT
(3) PACE CENTER FOR GIRLS, INC. 6745 PHILLIPS INDUSTRIAL BOULEVARD	59-2414492	501 (C) (3)	8,000.				MISSION SUPPORT
(4) GENEROUS LIFE FOUNDATION 650 HOUSTON HILL ROAD EADS, TN 38038	31-1685087	501 (C) (3)	7,800.				MISSION SUPPORT
(5) SOURIS VALLY UNITED WAY 1941 4TH STREET NW MINOT, ND 58701	45-0308679	501 (C) (3)	7,600.				MISSION SUPPORT
(6) HOPE SCHOOL FOUNDATION 15 EAST HAZEL DELL LANE	37-1385176	501 (C) (3)	7,500.				MISSION SUPPORT
(7) LIFT YOUR HEAD WITH CHRISTIAN WOMEN'S 5025 SPRING CREEK DRIVE	27-1998549	501 (C) (3)	7,500.				MISSION SUPPORT
(8) SCHOOL BOARD OF SEMINOLE COUNTY, FL 1300 W. 20TH STREET SANFORD, FL 32771	59-6000855	501 (C) (3)	7,500.				MISSION SUPPORT
(9) CONNECT CHURCH OF ALABAMA 4525 WYETH DRIVE GUNTERSVILLE, AL 35976	63-0860135	501 (C) (3)	7,400.				MISSION SUPPORT
(10) BILLINGS FOOD BANK 2112 FOURTH AVENUE NORTH BILLINGS, MT 59103	36-3519470	501 (C) (3)	7,100.				MISSION SUPPORT
(11) CUNNINGHAM CHILDREN'S HOME 1301 NORTH CUNNINGHAM AVENUE	37-0662521	501 (C) (3)	7,073.				MISSION SUPPORT
(12) BBBS OF THE INLAND NORTHWEST 222 WEST MISSION AVENUE STE 40	91-6061587	501 (C) (3)	7,000.				MISSION SUPPORT

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(1) BOYS & GIRLS CLUBS OF YELLOWSTONE COUNTY 505 ORCHARD LANE BILLINGS, MT 59101	81-0308003	501 (C) (3)	7,000.				MISSION SUPPORT
(2) GOLDEN OPP FOR YOU, INC. 9660 PINE CT. UNION CITY, GA 30291	81-3208124	501 (C) (3)	7,000.				MISSION SUPPORT
(3) BOYS & GIRLS CLUB OF BOWLING GREEN 260 SCOTT WAY BOWLING GREEN, KY 42101	61-0482974	501 (C) (3)	6,900.				MISSION SUPPORT
(4) HABITAT FOR HUMANITY OF PITT COUNTY, INC. 210 E. 14TH STREET STE D	56-0702710	501 (C) (3)	6,900.				MISSION SUPPORT
(5) GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501 (C) (3)	6,775.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF SW IDAHO 7609 EMERALD STREET BOISE, ID 83704	82-0349401	501 (C) (3)	6,600.				MISSION SUPPORT
(7) THE ROLL FOUNDATION 640 OLD AIRPORT ROAD AIKEN, SC 29801	82-2097506	501 (C) (3)	6,500.				MISSION SUPPORT
(8) BIG BROTHERS BIG SISTERS OF GRAND ISLAND 424 W. 3RD STREET GRAND ISLAND, NE 68801	47-0601669	501 (C) (3)	6,400.				MISSION SUPPORT
(9) BUTTE EMERGENCY FOOD BANK 1019 E. SECOND BUTTE, MT 59701	81-0469563	501 (C) (3)	6,300.				MISSION SUPPORT
(10) COMMUNITY FOUNDATION OF DUNN COUNTY 500 MAIN STREET MENOMONIE, WI 54751	39-1819945	501 (C) (3)	6,300.				MISSION SUPPORT
(11) BAYLOR UNIVERSITY ONE BEAR PLACE WACO, TX 76798	74-1159753	501 (C) (3)	6,100.				MISSION SUPPORT
(12) AT THE CORE 4903 E. PEONE PINES DRIVE MEAD, WA 99021	46-2937061	501 (C) (3)	6,000.				MISSION SUPPORT

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(1) BIG BROTHERS BIG SISTERS OF SIOUXLAND 3650 GLEN OAKS BLVD. SIOUX CITY, IA 51104	42-1121154	501 (C) (3)	6,000.				MISSION SUPPORT
(2) HABITAT FOR HUMANITY IN ATLANTA, INC. 824 MEMORIAL DRIVE SE ATLANTA, GA 30316	58-1535414	501 (C) (3)	6,000.	140.	FMV	FOOD	MISSION SUPPORT
(3) SECOND HARVEST INLAND NORTHWEST 1234 EAST FRONT AVENUE SPOKANE, WA 99202	23-7173826	501 (C) (3)	6,000.				MISSION SUPPORT
(4) SMYRNA-LA VERGNE FOOD BANK 1809 MEMORIAL BLVD. MURFREESBORO, TN 37129	58-1565567	501 (C) (3)	6,000.				MISSION SUPPORT
(5) WESTERN WELLNESS FOUNDATION, INC. 135 W. VILLARD STREET DICKINSON, ND 58601	45-0442812	501 (C) (3)	6,000.				MISSION SUPPORT
(6) FOOD BANK OF THE ROCKIES 10700 E. 45TH AVENUE DENVER, CO 80239	84-0772672	501 (C) (3)	5,900.				MISSION SUPPORT
(7) FOOD BANK OF SIOUXLAND, INC. 1313 11TH STREET SIOUX CITY, IA 51105	42-1381516	501 (C) (3)	5,800.				MISSION SUPPORT
(8) BIG BROTHERS BIG SISTERS OF CENTRAL IOWA 9051 SWANSON BLVD. CLIVE, IA 50325	42-1184999	501 (C) (3)	5,500.				MISSION SUPPORT
(9) BOOMERANG BACKPACKS, INC. 4616 E. DUPONT ROAD STE C	80-0570852	501 (C) (3)	5,500.				MISSION SUPPORT
(10) CORPORATE VOLUNTEER COUNCIL OF ATLANTA 600 MEANS STREET NW SUITE 100	58-2054790	501 (C) (3)	5,500.				MISSION SUPPORT
(11) CAMI JO CARES 2451 BARNES CROSSING ROAD	82-1643347	501 (C) (3)	5,400.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS LINCOLN 6201 HAVELOCK AVENUE LINCOLN, NE 68507	47-0794732	501 (C) (3)	5,300.				MISSION SUPPORT

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(1) FOOD BANK OF NORTHWEST INDIANA, INC. 6490 BROADWAY MERRILLVILLE, IN 46410	35-1528285	501 (C) (3)	5,201.				MISSION SUPPORT
(2) JUNIOR ACHIEVEMENT OF CENTRAL IOWA 6100 GRAND AVENUE DES MOINES, IA 50312	42-0759070	501 (C) (3)	5,200.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF MIAMI VALLEY 22 S. JEFFERSON STREET DAYTON, OH 45402	31-0641306	501 (C) (3)	5,070.				MISSION SUPPORT
(4) HABITAT FOR HUMANITY DETROIT 14325 JANE STREET DETROIT, MI 48219	38-2708025	501 (C) (3)	5,045.				MISSION SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 184.

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

ALL GRANTEES ARE REQUIRED AS PART OF THE APPLICATION PROCESS TO INDICATE HOW FUNDS WILL BE ALLOCATED. GRANTEES WHO RECEIVE \$5,000 OR MORE ARE REQUIRED TO FILE A YEAR-END REPORT DETAILING OF HOW FUNDS WERE USED AND THE IMPACT OF THOSE FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

58-1692997

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STUART BROWN EXECUTIVE DIRECTOR	(i)	147,035.	37,500.	0.	7,644.	30,629.	222,808.	0.
	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5A

THE CALCULATION OF EMPLOYEE BONUSES IS 60% CONTINGENT ON THE REVENUES OF THE ORGANIZATION AND SUBJECT TO A TOTAL COMPENSATION CAP.

PART I, LINE 7

ALL STAFF-LEVEL EMPLOYEES PARTICIPATE IN BONUSES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		14,467.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		2.	106,451.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

JSA

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 25

THE ORGANIZATION RECEIVED A DONATION OF VARIOUS PRINTED MATERIALS. DUE TO THE LARGE QUANTITY RECEIVED, WE ARE UNABLE TO COUNT THE EXACT NUMBER OF MATERIALS.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
FOOD & BEVERAGE	X	2.	6,451.	FMV
PRINTED MATERIALS	X		100,000.	FMV
TOTALS		<u>2.</u>	<u>106,451.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

58-1692997

PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTEES, IN THE MANAGEMENT OF THE AFFAIRS OF THE CORPORATION, BUT THE DESIGNATION OF SUCH EXECUTIVE COMMITTEE AND THE DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF TRUSTEES, OR ANY INDIVIDUAL TRUSTEE, OF ANY RESPONSIBILITY IMPOSED UPON IT OR HIM OR HER BY LAW.

PART VI, SECTION A, LINE 2

THE FOLLOWING BOARD MEMBERS AND OFFICERS HAVE A BUSINESS RELATIONSHIP:
CHRIS FULLER, DANTON NOLAN, CHRIS HELD, JIM TAYLOR, LYLE TICK, AND ROB LYNCH.

PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES WERE MADE, AS FOLLOWS, TO THE ORGANIZING DOCUMENTS OF INSPIRE BRANDS FOUNDATION, INC. IN NOVEMBER OF 2019:

1. ESTABLISH AN EXECUTIVE COMMITTEE, AS OUTLINED IN THE BYLAWS, THAT CONSISTS OF ALL BOARD OF TRUSTEES OFFICERS AND A NON-EMPLOYEE REPRESENTATIVE.
2. AMEND THE BYLAWS TO STATE THAT THE FINANCE AND INVESTMENT COMMITTEE SHALL CONSIST OF AT LEAST THREE MEMBERS, INCLUDING THE TREASURER AND OTHER TRUSTEES, DIRECTORS OR OTHER SUCH PERSON AS THE CHAIR MAY SELECT.
3. ESTABLISH THE SONIC FOUNDATION OPERATING DIVISION TO SUPPORT THE PHILANTHROPIC EFFORTS OF THE SONIC BRAND.

Name of the organization INSPIRE BRANDS FOUNDATION, INC.	Employer identification number 58-1692997
---	--

4. ESTABLISH THE JIMMY JOHN'S FOUNDATION OPERATING DIVISION TO SUPPORT THE PHILANTHROPIC EFFORTS OF THE JIMMY JOHN'S BRAND.

5. ESTABLISH THE ARBY'S FOUNDATION BOARD OF DIRECTORS.

PART VI, SECTION A, LINE 7A

THE BYLAWS STIPULATE THAT THE CEO OF INSPIRE BRANDS, INC. (INSPIRE) (OR HIS OR HER DESIGNEE) SHALL BE THE CHAIR OF THIS ORGANIZATION. IN ADDITION, THE PERSON SERVING AS THE BRAND PRESIDENT OF ARBY'S (OR HIS OR HER DESIGNEE) SHALL SERVE AS A MEMBER OF THE BOARD OF DIRECTORS; AND THE PERSON SERVING AS THE BRAND PRESIDENT OF BUFFALO WILD WINGS (OR HIS OR HER DESIGNEE) SHALL SERVE AS A MEMBER OF THE BOARD OF DIRECTORS. THE CHAIR OF THE CORPORATION SHALL APPOINT THE OTHER TRUSTEES, INCLUDING INSPIRE OR AFFILIATES PERSONNEL OR THOSE WHO ARE NOT EMPLOYEES, OFFICERS AND/OR DIRECTORS OF INSPIRE OR ITS AFFILIATES (INDEPENDENT TRUSTEES). AT ALL TIMES, INDEPENDENT TRUSTEES SHALL CONSTITUTE A MAJORITY OF THE BOARD. NO PERSON SHALL BE APPOINTED OR ELECTED, NOR SHALL ANY PERSON SERVE, AS A TRUSTEE OF THE CORPORATION UNLESS AND UNTIL SUCH PERSON HAS BEEN REVIEWED, CONSIDERED, APPROVED, AND APPOINTED BY THE THEN SERVING CHIEF EXECUTIVE OFFICER OF INSPIRE.

PART VI, SECTION B, LINE 11

THE FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR, DIRECTOR OF OPERATIONS AND SENIOR MANAGER OF FINANCE. THE BOARD OF TRUSTEE MEMBERS ARE SENT THE AUDIT AND FORM 990 ONE WEEK PRIOR TO FILING, FOR THEIR REVIEW. UPON ADDRESSING ANY FEEDBACK, THE AUDIT AND 990 ARE FILED.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

PART VI, SECTION B, LINE 15A & 15B

THE FOUNDATION BOARD OF TRUSTEES INDEPENDENTLY ESTABLISHED AND DOCUMENTED THE FAIR MARKET VALUE OF COMPENSATION FOR THE EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES THROUGH THE USE OF A THIRD PARTY REPORT ON FOUNDATION COMPENSATION TO DETERMINE THE APPROPRIATE COMPARATIVE COMPENSATION FOR THE POSITIONS.

PART VI, SECTION C, LINE 19

THE FORM 990 AND AUDITED FINANCIAL STATEMENTS CAN BE FOUND ON OUR WEBSITE. THE ORGANIZATION WILL CONSIDER REQUESTS TO PROVIDE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AT THE INSPIRE BRANDS FOUNDATION WE EXIST TO IGNITE AND NOURISH CHANGE FOR GOOD THROUGH NATIONAL AND COMMUNITY PARTNERSHIPS. WE DO BUSINESS AS THE ARBYS FOUNDATION, THE BUFFALO WILD WINGS FOUNDATION AND THE SONIC FOUNDATION. GOING FORWARD, WE WILL ALSO DO BUSINESS AS THE JIMMY JOHN'S FOUNDATION.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAM SERVICES TO FURTHER OUR MISSION	4,298,153.	5,278,441.	
TOTALS	<u>4,298,153.</u>	<u>5,278,441.</u>	

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

FL, GA, IL, KS, KY, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OR, PA,

SC, TN, UT, VA, WV, WI,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

JSA

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) INSPIRE BRANDS, INC. 13-3760393 THREE GLENLAKE PARKWAY ATLANTA, GA 30338	RESTAURANT	DE	N/A	C-CORP	0.	0.			X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number
(Employees' trust, see instructions.)

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

B Exempt under section

- 501(C)(3)
- 408(e) 220(e)
- 408A 530(a)
- 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.

THREE GLENLAKE PARKWAY

E Unrelated business activity code
(See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

ATLANTA, GA 30328

900099

C Book value of all assets at end of year

11,095,916.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ _____ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ UTA BELVIN Telephone number ▶ 678-514-5151

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include 32 Total of unrelated business taxable income, 33 Amounts paid for disallowed fringes, 34 Charitable contributions, 35 Total unrelated business taxable income before pre-2018 NOLs, 36 Deduction for net operating loss, 37 Total of unrelated business taxable income before specific deduction, 38 Specific deduction, 39 Unrelated business taxable income.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include 40 Organizations Taxable as Corporations, 41 Trusts Taxable at Trust Rates, 42 Proxy tax, 43 Alternative minimum tax, 44 Tax on Noncompliant Facility Income, 45 Total.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include 46a Foreign tax credit, 46b Other credits, 46c General business credit, 46d Credit for prior year minimum tax, 46e Total credits, 47 Subtract line 46e, 48 Other taxes, 49 Total tax, 50 2019 net 965 tax liability, 51a-f Payments, 51g Other credits, 52 Total payments, 53 Estimated tax penalty, 54 Tax due, 55 Overpayment, 56 Enter the amount of line 55.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 59 Enter the amount of tax-exempt interest received or accrued during the tax year.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section. Includes fields for Sign Here (DANTON NOLAN), Preparer's name (MARC A AZAR), Date (11/15/2020), Title (TREASURER), and Preparer's information (Firm name: SMITH & HOWARD, P.C., Address: 271 17TH STREET, NW SUITE 1600, ATLANTA, GA 30363).

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

INSPIRE BRANDS FOUNDATION, INC.
INSTRUCTIONS FOR FILING
FORM 600-T
GEORGIA EXEMPT ORGANIZATION UNRELATED BUSINESS INCOME TAX RETURN
FOR THE YEAR ENDED DECEMBER 31, 2019

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON
PAGE 1 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

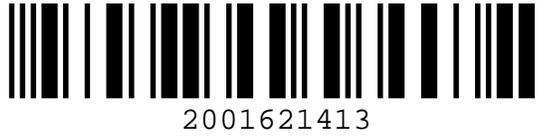
FILE THE SIGNED RETURN BY NOVEMBER 15, 2020 WITH:

GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER
P.O. BOX 740397
ATLANTA, GEORGIA 30374-0397

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.

PUBLIC INSPECTION COPY



Page 1

<input type="checkbox"/> Amended		<input type="checkbox"/> Amended due to IRS Audit		<input type="checkbox"/> Address Change		<input type="checkbox"/> UET Annualization Exception attached	
For the taxable year beginning <u>01/01</u> , 20 <u>19</u> and ending <u>12/31</u> , 20 <u>19</u>							
Name of Organization				Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
INSPIRE BRANDS FOUNDATION							
Number and Street				Number and Street		58-1692997	
THREE GLENLAKE PARKWAY							
City or Town				City or Town		NAICS Code	Date of current exemption letter.
ATLANTA							
State		Zip Code		State		Zip Code	
GA		30328				SEC. 501 (C)(3)	
GEORGIA UNRELATED BUSINESS TAXABLE INCOME						SCHEDULE 1	
1. Unrelated business taxable income from Federal Form 990-T (attach copy)						1.	
2. Additions						2.	
3. Total (add Line 1 and Line 2)						3.	
4. Subtractions.						4.	
5. Adjusted unrelated business taxable income (Line 3 less Line 4).						5.	
6. Income allocated everywhere						6.	
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6).						7.	
8. Apportionment ratio (Attach Computation Schedule).						8.	
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8).						9.	
10. Income allocated to Georgia (Attach Schedule)						10.	
11. Total of Lines 9 and 10						11.	
12. Georgia net operating loss deduction (Attach Schedule) (See instructions for 80% limitation).						12.	
13. Georgia unrelated business taxable income (Line 11 less Line 12).						13.	

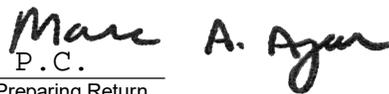


2001621423

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.75%	1.
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.
3. Less: Payments.	3.
4. Withholding Credits (G2-A, G2-LP and/or G2-RP).	4.
5. Schedule 3B Refundable tax credits	5.
6. Balance of tax due OR overpayment	6.
7. Interest due (See Instructions).	7.
8. Underestimated tax penalty	8.
9. Other penalties due (See Instructions)	9.
10. Balance of tax, interest and penalties due with return.	10.
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>20</u> Estimated Tax ▶ _____ Refunded ▶ _____	

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION:
 I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

DANTON NOLAN 
 Signature of Officer

SMITH & HOWARD, P.C. 
 Signature of Individual or Firm Preparing Return

TREASURER _____ 11/15/2020 _____
 Title Date

P91739349 _____
 Employee ID or Social Security Number



2001621433

Name INSPIRE BRANDS FOUNDATION

FEIN 58-1692997

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this tax payer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

SCHEDULE 3B



2001621443

Name INSPIRE BRANDS FOUNDATION

FEIN 58-1692997

REFUNDABLE TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3B

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and to determine when carryovers expire.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired or by any credits that were sold.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 3 if the Timber Tax Credit was purchased.

1. Credit Code		
2. Credit remaining from previous years		
3. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
4. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
5. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
6. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
7. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
8. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
9. Company Name		ID Number
Credit Certificate #	% of Credit	Credit Generated this tax year
10. Total available credit for this tax year (sum of Lines 2 through 9)		10.
11. Credit Used this tax year		11.
12. Potential carryover to next tax year (Line 10 less Line 11)		12.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning, 2019, and ending, 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

Number, street, and room or suite no. If a P.O. box, see instructions.

THREE GLENLAKE PARKWAY

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

ATLANTA, GA 30328

900099

C Book value of all assets at end of year

F Group exemption number (See instructions.)

11,095,916.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of UTA BELVIN Telephone number 678-514-5151

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule) (see instructions), Taxes and licenses, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses (Schedule I), Excess readership costs (Schedule J), Other deductions (attach schedule), Total deductions, Unrelated business taxable income before net operating loss deduction, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32 through 39.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40 through 45.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a through 56.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57 through 59.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: DANTON NOLAN, 11/15/2020, TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, etc.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns for Schedule A. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for description of property (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1) through (4) and a Totals row.

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row for Schedule F with instructions for adding columns 5 and 10, and 6 and 11.

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals row for Schedule G with instructions for entering data on page 1, Part I, line 9, column (A) and (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals row for Schedule I with instructions for entering data on page 1, Part I, line 10, col. (A) and (B), and on page 1, Part II, line 25.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals row for Schedule J with instruction to carry to Part II, line (5).

As a reminder, key filing deadlines include:

Estimated tax payments for the 2020 Tax Year (IRS Form 1040-ES and Form 1041 ES):

July 15, 2020
July 15, 2020
Sept. 15, 2020
Jan. 15, 2021

For Calendar Year Corporations (Form 1120-W) the estimate due dates are:

July 15, 2020
July 15, 2020
Sept. 15, 2020
Dec. 15, 2020

Partnership returns (IRS Form 1065): March 16, 2020; extended deadline is Sept. 15, 2020.

Estates and Trusts income tax returns (IRS Form 1041): July 15, 2020; extended deadline is Sept. 30, 2020.

C-corporation income tax returns (IRS Form 1120): July 15, 2020 for C corporations that operate on a calendar year; extended deadline is Oct. 15, 2020. The deadline for C-corp returns is the 15th day of the fourth month following the end of the corporation's fiscal year if the corporation is on a fiscal rather than a calendar year.

S-corporation returns (IRS Form 1120-S): March 16, 2020 for corporations on a calendar year' extended deadline is Sept. 15, 2020. The deadline for S-corp and partnership returns is the 15th day of the third month following the end of the fiscal year if they are on a fiscal year rather than a calendar year.

Foreign bank account reports (IRS FinCen Form 114): July 15, 2020; extended deadline with Form 1040 is Oct. 15, 2020.

Thank you for trusting us with your tax preparation. If you have any questions, please don't hesitate to call us at 404-874-6244.

SMITH & HOWARD
Certified Public Accountants and Advisers

271 17TH STREET, NW
SUITE 1600
ATLANTA, GEORGIA 30363
404.874.6244
WWW.SMITH-HOWARD.COM