

Inspire Brands
Foundation, Inc.

Public Inspection Copy
For the Year Ended
December 31, 2021

TAX RETURNS



SMITH+HOWARD
CPAs and Advisors

INSPIRE BRANDS FOUNDATION, INC.
INSTRUCTIONS FOR FILING
FORM 8879-TE
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2021

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-TE 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, 2022. 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

Return of Organization Exempt From Income Tax

2021

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

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
INSPIRE BRANDS FOUNDATION, INC.

D Employer identification number
58-1692997

E Telephone number
(678) 514-4100

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

G Gross receipts \$ 16,789,016.

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 ▶

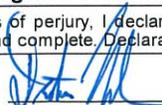
L Year of formation: 1986 **M State of legal domicile:** GA

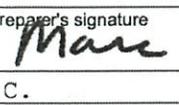
H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,532,297.	14,599,205.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	368,656.	473,931.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,958.	43,205.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,993,911.	15,116,341.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,694,208.	8,887,899.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,429,458.	1,483,461.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 887,679.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,029,026.	1,040,059.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,152,692.	11,411,419.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,841,219.	3,704,922.
	20 Total assets (Part X, line 16)	Beginning of Current Year 11,528,068.	End of Year 15,512,573.
	21 Total liabilities (Part X, line 26)	1,652,237.	1,671,745.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,875,831.	13,840,828.

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: 11/15/2022
 Name and title: DANTON NOLAN, TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: MARC A AZAR
 Preparer's signature: 
 Date: 11/15/2022
 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:

SEE SCHEDULE O

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

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

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 \$ 1,325,160. including grants of \$ 1,325,160.) (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 \$ 1,005,000. including grants of \$ 1,005,000.) (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 \$ 468,036. including grants of \$ 468,036.) (Revenue \$)

THE FOLDS OF HONOR FOUNDATION: WE CONTRIBUTE FUNDS TO THE FOLDS OF HONOR FOUNDATION, A NONPROFIT THAT PROVIDES EDUCATIONAL SCHOLARSHIPS TO SPOUSES AND CHILDREN OF FALLEN OR WOUNDED VETERANS. OUR FUNDS ARE FOCUSED SPECIFICALLY ON EDUCATIONAL SCHOLARSHIPS FOR YOUTH.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 6,916,607. including grants of \$ 6,089,703.) (Revenue \$)

4e Total program service expenses 9,714,803.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

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, W-2G forms, 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 17 regarding employee reporting, tax returns, gross income, foreign accounts, tax shelter transactions, and various organizational requirements.

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 (15), 1b (8), 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 SEE SCHEDULE O
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.
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 RYAN VAN SICKLE THREE GLENLAKE PARKWAY ATLANTA, GA 30328 678-514-4100

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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 NONE			X				209,362.	NONE	28,401.
(2) RYAN VAN SICKLE DIRECTOR OF OPERATIONS	40.00 NONE					X		138,843.	NONE	21,554.
(3) EMILY CRAWFORD DIRECTOR OF IMPACT	40.00 NONE					X		141,706.	NONE	11,447.
(4) UTA BELVIN SR. FINANCE MANAGER THRU JUNE	40.00 NONE					X		107,181.	NONE	7,367.
(5) DAN STEPHENS COMMUNITY IMPACT MGR THRU JUNE	40.00 NONE					X		102,165.	NONE	9,260.
(6) DANTON NOLAN VICE CHAIRMAN/TREASURER	2.00 40.00	X		X				NONE	NONE	NONE
(7) CHRIS FULLER CHAIRMAN	2.00 40.00	X		X				NONE	NONE	NONE
(8) CHRIS HELD SECRETARY	2.00 40.00	X		X				NONE	NONE	NONE
(9) PATTY TUCKER TRUSTEE	1.00 NONE			X				NONE	NONE	NONE
(10) JIM TAYLOR TRUSTEE	1.00 40.00	X						NONE	NONE	NONE
(11) LYLE TICK TRUSTEE	1.00 40.00	X						NONE	NONE	NONE
(12) CLAUDIA SAN PEDRO TRUSTEE	1.00 40.00	X						NONE	NONE	NONE
(13) DAVID POWELL TRUSTEE	1.00 NONE			X				NONE	NONE	NONE
(14) JAMES NORTH TRUSTEE	1.00 40.00	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(15) MARSHALL FREEMAN ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(16) ED BAKER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(17) BILL BOLLING ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(18) TRAVIS MURPHY ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(19) CHARLIE MORGAN ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(20) RENEE DUCRE ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
1b Sub-total							699,257.	NONE	78,029.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							699,257.	NONE	78,029.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** NONE

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include Cash, Savings, Pledges, Accounts receivable, Loans, Investments, and Total assets/liabilities.

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	15,116,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,411,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,704,922.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,875,831.
5	Net unrealized gains (losses) on investments	5	260,075.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,840,828.

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 on 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** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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).)
- 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 on 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) 2021

JSA
1E1210 1.000

PUBLIC INSPECTION COPY

6274PT 9242 10/10/2022 07:35:53 V21-7.2F 44037

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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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, etc.; 13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f)) 92.44%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 94.96%; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 5 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. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 on line 2, above, 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 lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization <p style="text-align: center;">INSPIRE BRANDS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">58-1692997</p>
--	---

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	N/A	\$ 437,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 2,126,524.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

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., 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) 2021

JSA 1E1268 1.000

PUBLIC INSPECTION COPY

6274PT 9242 10/10/2022 07:35:53 V21-7.2F 44037

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 2 columns: Description, Amount. Rows: 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: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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:

Table with 3 columns: Description, Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b 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: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 15,116,341.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 11,411,419.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

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 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. 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 LIABILITIES THAT WILL RESULT IN TAXABLE OR DEDUCTIBLE AMOUNTS IN THE FUTURE, BASED ON ENACTED

Part XIII Supplemental Information (continued)

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 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, 2021, THERE ARE NO KNOWN ITEMS WHICH RESULT IN RECORDING A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS. IN GENERAL, THE FOUNDATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2018.

PART XI, LINE 2D

\$123,831 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME

PART XII, LINE 2D

\$123,831 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME

**SCHEDULE G
(Form 990)**

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.

2021

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

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

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
		<u>PARTNER PROGRAM</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,972,907.		1,972,907.
	2	Less: Contributions	1,805,871.		1,805,871.
	3	Gross income (line 1 minus line 2)	167,036.		167,036.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,031.		1,031.
	6	Rent/facility costs	5,568.		5,568.
	7	Food and beverages	23,785.		23,785.
	8	Entertainment	8,847.		8,847.
	9	Other direct expenses	84,600.		84,600.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			123,831.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			43,205.	

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST. ATLANTA, GA 30309	13-5562976	501 (C) 3	1,325,000.	160.			MISSION SUPPORT
(2) SHARE OUR STRENGTH 1030 15TH STREET NW, SUITE 1100W	52-1367538	501 (C) 3	1,005,000.				MISSION SUPPORT
(3) THE FOLDS OF HONOR FOUNDATION 5800 N. PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501 (C) 3	468,036.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF AMERICA 2502 ROCKY POINT DRIVE SUITE 550	23-1365190	501 (C) 3	250,000.				MISSION SUPPORT
(5) CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1575 NORTHEAST EXPRESSWAY NE	58-1710601	501 (C) 3	239,669.				MISSION SUPPORT
(6) BOYS & GIRLS CLUBS OF OKLAHOMA COUNTY, INC. 2915 N CLASSEN BLVD, SUITE 500	73-1472202	501 (C) 3	127,500.	189.			MISSION SUPPORT
(7) KIDS' FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	04-3760991	501 (C) 3	120,000.				MISSION SUPPORT
(8) CLEVELAND BROWNS FOUNDATION 76 LOU GROZA BLVD. BEREA, OH 44017	34-1885593	501 (C) 3	105,000.				MISSION SUPPORT
(9) ALEX'S LEMONADE STAND FOUNDATION 333 E. LANCASTER AVE. #414	56-2496146	501 (C) 3	100,800.				MISSION SUPPORT
(10) BESTPREP 7100 NORTHLAND CIRCLE N. #306	41-1265355	501 (C) 3	100,000.				MISSION SUPPORT
(11) DEFENDING THE BLUE LINE DBA UNITED HEROES L 15211 RAVENNA TRAIL HASTINGS, MN 55033	27-0711063	501 (C) 3	100,000.				MISSION SUPPORT
(12) MIDWEST FOOD BANK 2031 WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501 (C) 3	94,250.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 234

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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) BOYER CHILDREN'S CLINIC 1850 BOYER AVE. EAST SEATTLE, WA 98112	91-1316838	501 (C) 3	86,900.				MISSION SUPPORT
(2) UNITED WAY OF CENTRAL OKLAHOMA, INC. P.O. BOX 248919	73-0589829	501 (C) 3	80,553.				MISSION SUPPORT
(3) MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE, SUITE 175	38-2505812	501 (C) 3	72,500.				MISSION SUPPORT
(4) OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, IN 431 WEST MAIN STREET, SUITE E	73-1222182	501 (C) 3	63,804.				MISSION SUPPORT
(5) REGIONAL FOOD BANK OF OKLAHOMA, INC. 3355 SOUTH PURDUE AVENUE	73-1100380	501 (C) 3	63,000.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF GREATER PITTSBU 5989 CENTRE AVENUE, SUITE 1	25-6074707	501 (C) 3	59,000.				MISSION SUPPORT
(7) HUNGER TASK FORCE, INC. 5000 W. ELECTRIC AVENUE	39-1345847	501 (C) 3	57,600.				MISSION SUPPORT
(8) BLESSINGS IN A BACKPACK, INC. 4121 SHELBYVILLE RD. LOUISVILLE, KY 40207	26-1964620	501 (C) 3	57,100.				MISSION SUPPORT
(9) NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL 2055 L STREET NW, SUITE 702	36-6103388	501 (C) 3	52,000.				MISSION SUPPORT
(10) MORTGAGE MIRACLES FOR KIDS DBA MIRACLES FOR 17848 SKY PARK CIRCLE, SUITE C	91-2160616	501 (C) 3	51,600.				MISSION SUPPORT
(11) ROBERT W. WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	58-0633971	501 (C) 3	50,000.				MISSION SUPPORT
(12) SECOND HARVEST FOOD BANK OF METROLINA 500 B SPRATT ST. CHARLOTTE, NC 28206	56-1352593	501 (C) 3	46,600.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) URBAN LEAGUE OF GREATER OKLAHOMA CITY, INC. 3900 N. MARTIN L. KING JR. AVE.	73-0590037	501 (C) 3	45,000.	317.			MISSION SUPPORT
(2) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE 6700 BAUM DRIVE, SUITE 7	58-1799549	501 (C) 3	45,000.				MISSION SUPPORT
(3) GENTRY'S EDUCATION CENTER AT THE STORE FRON 4221 WARREN ROAD FRANKLIN, TN 37067	27-1202003	501 (C) 3	44,000.				MISSION SUPPORT
(4) MAKE-A-WISH FOUNDATION OF OREGON 5901 S MACADAM AVE. STE. 200	82-0385049	501 (C) 3	42,300.				MISSION SUPPORT
(5) GOD'S PANTRY FOOD BANK, INC. 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 (C) 3	40,100.				MISSION SUPPORT
(6) UTAH FOOD BANK 3150 SOUTH 900 WEST	87-0212453	501 (C) 3	40,000.				MISSION SUPPORT
(7) FEEDING TEXAS 1524 SOUTH IH 35, SUITE 342	74-2762542	501 (C) 3	40,000.				MISSION SUPPORT
(8) ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVE. PHOENIX, AZ 85009-1518	23-7353532	501 (C) 3	40,000.				MISSION SUPPORT
(9) UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY, 50 SOUTH FRENCH BROAD AVENUE	56-0576157	501 (C) 3	38,000.				MISSION SUPPORT
(10) WEEKEND SURVIVAL KITS, INC. 319 W. GRAND RIVER AVE.	45-4444119	501 (C) 3	37,100.				MISSION SUPPORT
(11) PACK PEOPLE OF ACTION CARING FOR KIDS INC. 4 MALL TERRACE SAVANNAH, GA 31406	81-2615493	501 (C) 3	35,300.				MISSION SUPPORT
(12) CROSSBRIDGE, INC. 335 MURFREESBORO PIKE NASHVILLE, TN 37210	16-1755991	501 (C) 3	35,000.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) CUNNINGHAM CHILDREN'S HOME 1301 N. CUNNINGHAM AVENUE URBANA, IL 61802	37-0662521	501 (C) 3	34,333.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF GREATER FREDERI 325A WALLACE STREET	54-0848850	501 (C) 3	32,500.				MISSION SUPPORT
(3) LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501 (C) 3	31,200.				MISSION SUPPORT
(4) SECOND HARVEST FOOD BANK OF NORTHEAST TENNE 1020 JERICHO DRIVE KINGSPORT, TN 37663	62-1303822	501 (C) 3	30,051.				MISSION SUPPORT
(5) GIRL SCOUTS - WESTERN OKLAHOMA, INC 6100 N. ROBINSON AVE	73-0677849	501 (C) 3	30,000.	379.			MISSION SUPPORT
(6) MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE 600 HILL AVENUE, SUITE 201	62-1833327	501 (C) 3	30,000.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF THE TENNESSEE VALLEY 967 IRWIN ST KNOXVILLE, TN 37917-6634	62-0475743	501 (C) 3	30,000.				MISSION SUPPORT
(8) PEACE, INC. (BIG BROTHERS BIG SISTERS OF ON 217 SOUTH SALINA STREET, 2ND FLOOR	16-6095039	501 (C) 3	29,800.				MISSION SUPPORT
(9) JUNIOR ACHIEVEMENT OF THE EASTERN SHORE 327 TILGHMAN ROAD #100 SALISBURY, MD 21804	52-1461040	501 (C) 3	28,900.				MISSION SUPPORT
(10) HOPE MISSIONS 360, INC 1003 GATHER DRIVE LAWRENCEVILLE, GA 30043	82-1081974	501 (C) 3	28,000.				MISSION SUPPORT
(11) LIFELINE CHILDREN'S SERVICES 100 MISSIONARY RIDGE BIRMINGHAM, AL 35242	63-0896878	501 (C) 3	28,000.				MISSION SUPPORT
(12) THE DOWNTOWN JIMMIE HALE MISSION PO BOX 10472 BIRMINGHAM, AL 35202	63-0358757	501 (C) 3	28,000.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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 OAK RANCH, INC. 250 JAKE MINTZ ROAD GADSDEN, AL 35905	23-7413017	501 (C) 3	28,000.				MISSION SUPPORT
(2) CHILDREN'S HOME SOCIETY OF WEST VIRGINIA, I 1422 KANAWHA BOULEVARD EAST	55-0360199	501 (C) 3	26,900.				MISSION SUPPORT
(3) ST. JOSEPH CATHOLIC ORPHAN SOCIETY DBA ST. 2823 FRANKFORT AVE. LOUISVILLE, KY 40206	61-0475286	501 (C) 3	26,700.				MISSION SUPPORT
(4) BOYS & GIRLS CLUBS OF WESTERN NEVADA, INC. 1870 RUSSELL WAY CARSON CITY, NV 89706	88-0269139	501 (C) 3	26,000.				MISSION SUPPORT
(5) MOUNTAIN CHILD ADVOCACY CENTER, INC. 11 VANDERBILT PARK DRIVE, SUITE A	58-1828408	501 (C) 3	25,900.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF METRO ATLANTA 680 MURPHY AVENUE SW, SUITE 1090	58-0861895	501 (C) 3	25,500.				MISSION SUPPORT
(7) UNIVERSITY OF OKLAHOMA FOUNDATION, INC. 800 NE 10TH ST. OKLAHOMA CITY, OK 73104	73-6091755	501 (C) 3	25,136.				MISSION SUPPORT
(8) OKLAHOMA CONTEMPORARY ARTS CENTER, INC. P.O. BOX 3062 OKLAHOMA CITY, OK 73101	73-1334271	501 (C) 3	25,000.	315.			MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF THE INLAND NORT 1912 N DIVISION ST. SUITE 100	91-6061587	501 (C) 3	25,000.				MISSION SUPPORT
(10) CATHOLIC COMMUNITY SERVICES OF UTAH 224 NORTH 2200 WEST	87-0212450	501 (C) 3	25,000.				MISSION SUPPORT
(11) UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 85210	86-0505273	501 (C) 3	25,000.				MISSION SUPPORT
(12) JUNIOR ACHIEVEMENT OF EAST CENTRAL FLORIDA 1275 SOUTH PATRICK DRIVE, STE E	59-2461562	501 (C) 3	25,000.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DR ATLANTA, GA 30344	58-1376648	501 (C) 3	25,000.				MISSION SUPPORT
(2) HENDRICKSON FOUNDATION INC. 2015 FOREST DRIVE WEST RICHFIELD, MN 55423	45-2880118	501 (C) 3	25,000.				MISSION SUPPORT
(3) ATLANTA FIRE RESCUE FOUNDATION, INC. P.O. BOX 19045 ATLANTA, GA 31126	30-0245635	501 (C) 3	25,000.				MISSION SUPPORT
(4) ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST	35-1884264	501 (C) 3	23,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF NORTHEASTERN PENNSYLV 609 ASH ST SCRANTON, PA 18510	24-0796420	501 (C) 3	21,800.				MISSION SUPPORT
(6) BOYS & GIRLS CLUBS OF SOUTHERN MARYLAND 9021 DAYTON AVE NORTH BEACH, MD 20714-5002	52-2145392	501 (C) 3	20,300.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF CENTRAL OHIO 1108 CITY PARK AVE, STE 301	31-4387575	501 (C) 3	20,000.	251.			MISSION SUPPORT
(8) YMCA OF SOUTHERN NEVADA (BILL AND LILLIE HE 4141 MEADOWS LANE LAS VEGAS, NV 89107	88-0059266	501 (C) 3	20,000.				MISSION SUPPORT
(9) UNITED CEREBRAL PALSY OF SOUTHERN ARIZONA 630 N. CRAYCROFT ROAD TUCSON, AZ 85711	86-0416461	501 (C) 3	20,000.				MISSION SUPPORT
(10) I AM A FATHER 5K, INC. 2492 WHITE OAK DRIVE DECATUR, GA 30032	81-1044572	501 (C) 3	20,000.				MISSION SUPPORT
(11) THE MAKE-A-WISH FOUNDATION OF ALABAMA, INC. 1 PERIMETER PARK S, SUITE 100S	63-0943675	501 (C) 3	20,000.				MISSION SUPPORT
(12) MADONNA SCHOOL & COMMUNITY-BASED SERVICES 6402 N. 71ST PLAZA OMAHA, NE 68104	47-0491332	501 (C) 3	20,000.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) GENESEE COUNTY HABITAT FOR HUMANITY 101 BURTON STREET FLINT, MI 48503	38-2899387	501 (C) 3	20,000.				MISSION SUPPORT
(2) CHILDREN'S RESCUE CENTER, INC. 1027 W. HIGH STREET SPRINGFIELD, OH 45506	31-1368331	501 (C) 3	20,000.				MISSION SUPPORT
(3) SIOUX FALLS PUBLIC SCHOOLS EDUCATION FOUNDA PO BOX 560 SIOUX FALLS, SD 57101	26-3537657	501 (C) 3	20,000.				MISSION SUPPORT
(4) THE JOSHUA PROJECT PO BOX 413 MIDDLEBURGH, NY 12122	22-3072537	501 (C) 3	20,000.				MISSION SUPPORT
(5) THE STEWART FOUNDATION P. O. BOX 54680 ATLANTA, GA 30308	20-5918776	501 (C) 3	20,000.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNT 4305 UNIVERSITY AVE. SUITE 590	95-2151526	501 (C) 3	19,600.				MISSION SUPPORT
(7) BIG BROTHERS BIG SISTERS OF NORTHWEST FLORI 1320 CREIGHTON ROAD PENSACOLA, FL 32504	59-2996893	501 (C) 3	19,150.				MISSION SUPPORT
(8) NORTHWOOD CHILDREN'S HOME SOCIETY, INC. DBA 714 W COLLEGE STREET DULUTH, MN 55811	41-0706108	501 (C) 3	18,200.				MISSION SUPPORT
(9) COMMUNITY FOOD BANK, INC. DBA COMMUNITY FOO 3003 SOUTH COUNTRY CLUB ROAD	51-0192519	501 (C) 3	17,600.				MISSION SUPPORT
(10) CONVOY OF HOPE 330 S. PATTERSON AVE. SPRINGFIELD, MO 65802	68-0051386	501 (C) 3	17,500.				MISSION SUPPORT
(11) JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. 13707 N. 22ND STREET TAMPA BAY, FL 33613	59-1098499	501 (C) 3	17,100.				MISSION SUPPORT
(12) CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLO 3830 EVANS AVE. FORT MYERS, FL 33901	65-0007620	501 (C) 3	17,000.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) FEEDING SOUTH FLORIDA, INC. 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501 (C) 3	16,700.				MISSION SUPPORT
(2) HUNGER FIGHT, INC. 2935 DAWN RD. JACKSONVILLE, FL 32207	46-1338834	501 (C) 3	16,500.				MISSION SUPPORT
(3) NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT. GENEVA, IL 60134	36-3203648	501 (C) 3	16,005.				MISSION SUPPORT
(4) FAMILY SERVICES OF NW PA (BIG BROTHERS BIG 5100 PEACH STREET ERIE, PA 16509	25-0987225	501 (C) 3	16,000.				MISSION SUPPORT
(5) GIANT STEPS OF ST LOUIS INC. 7281 SARAH STREET MAPLEWOOD, MO 63143	43-1671946	501 (C) 3	15,700.				MISSION SUPPORT
(6) UTE CONFERENCE, INC. 3550 S. MAIN ST. SALT LAKE CITY, UT 84115	87-0271884	501 (C) 3	15,500.				MISSION SUPPORT
(7) LATINO COMMUNITY DEVELOPMENT AGENCY 420 SW 10TH ST. OKLAHOMA CITY, OK 73109	73-1424239	501 (C) 3	15,200.				MISSION SUPPORT
(8) THE KYLE PEASE FOUNDATION, INC. 2566 SHALLOWFORD ROAD, STE 104 #319	27-4563077	501 (C) 3	15,000.	308.			MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS OF UTAH, INC. 2121 SOUTH STATE STREET, SUITE 201	87-0336168	501 (C) 3	15,000.				MISSION SUPPORT
(10) CONCERNED CITIZENS FOR OUR YOUTH, INC DBA B 1200 BEACON LANE JASPER, AL 35504	63-0640563	501 (C) 3	15,000.				MISSION SUPPORT
(11) AID TO DISTRESSED FAMILIES OF APPALACHIAN C PO BOX 5953 OAK RIDGE, TN 37831	58-1727751	501 (C) 3	15,000.				MISSION SUPPORT
(12) CURE CHILDHOOD CANCER, INC. 200 ASHFORD CENTER N SUITE 250	58-1244138	501 (C) 3	15,000.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

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 METROPOLITAN DE 2470 COLLINGWOOD, STE 218 DETROIT, MI 48206	38-6112533	501 (C) 3	15,000.				MISSION SUPPORT
(2) TERRE HAUTE CATHOLIC CHARITIES FOODBANK PO BOX 3318 TERRE HAUTE, IN 47803	31-1074018	501 (C) 3	14,800.				MISSION SUPPORT
(3) FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	36-3293534	501 (C) 3	14,600.				MISSION SUPPORT
(4) SECOND HARVEST FOOD BANK OF THE MAHONING VA 2805 SALT SPRINGS ROAD YOUNGSTOWN, OH 44509	34-1380074	501 (C) 3	14,300.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF SIOUXLAND 3650 GLEN OAKS BLVD SIOUX CITY, IA 51104	42-1121154	501 (C) 3	14,100.				MISSION SUPPORT
(6) COMMON GROUND MONTGOMERY INC. 1516 MOBILE ROAD MONTGOMERY, AL 36108	20-4172444	501 (C) 3	13,400.				MISSION SUPPORT
(7) TOMAHAWK CHARITABLE SOLUTIONS 4751 TROUSDALE DRIVE, SUITE 110	82-1606687	501 (C) 3	13,250.				MISSION SUPPORT
(8) BIG BROTHERS & BIG SISTERS SERVICES, INC. 1707 SUMMIT AVE, SUITE 200	54-0702502	501 (C) 3	13,200.				MISSION SUPPORT
(9) FEED SPOKANE 1114 N. FANCHER, SUITE 109	77-0669785	501 (C) 3	12,900.				MISSION SUPPORT
(10) SOURIS VALLEY UNITED WAY 1941 4TH STREET SW MINOT, ND 58701	45-0308679	501 (C) 3	12,800.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA, 3 SOUTH ROYAL ST STE 300 MOBILE, AL 36602	61-1683905	501 (C) 3	12,750.				MISSION SUPPORT
(12) INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE #120	56-1753180	501 (C) 3	12,700.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) BOYS & GIRLS CLUB OF SOUTHWEST VIRGINIA 1714 9TH ST SE ROANOKE, VA 24013-2714	54-1867366	501 (C) 3	12,500.				MISSION SUPPORT
(2) GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTER 2131 BEAUFAIT STREET DETROIT, MI 48207	38-2156255	501 (C) 3	12,400.				MISSION SUPPORT
(3) KINGDOM FIRST 219 SHERBORNE DR. COLUMBUS, OH 43219	81-4446525	501 (C) 3	12,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF NORTHEAST FLORI 40 EAST ADAMS ST., SUITE 220	59-0683256	501 (C) 3	12,000.				MISSION SUPPORT
(5) ATLANTA CHARITY CLAYS, INC. P.O. BOX 52686 ATLANTA, GA 30355	47-2835630	501 (C) 3	12,000.				MISSION SUPPORT
(6) FRIENDLY HOUSE OF DAVENPORT IOWA DBA FRIEND 1221 MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501 (C) 3	12,000.				MISSION SUPPORT
(7) ACTIVITIES BEYOND THE CLASSROOM 635 WEST 7TH STREET, SUITE 301	35-2222723	501 (C) 3	12,000.				MISSION SUPPORT
(8) YMCA OF CENTRAL OHIO (VAN BUREN CENTER) 1907 LEONARD AVENUE, SUITE 150	31-4379594	501 (C) 3	12,000.				MISSION SUPPORT
(9) GOLDEN HARVEST FOOD BANK 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501 (C) 3	11,900.				MISSION SUPPORT
(10) AGAPE COMMUNITY CENTER INC. 2210 MARIETTA BOULEVARD NW	58-2372950	501 (C) 3	11,600.	496.			MISSION SUPPORT
(11) GIRL SCOUTS SPIRIT OF NEBRASKA 2121 S 44TH STREET OMAHA, NE 68105-2809	47-0432299	501 (C) 3	11,600.				MISSION SUPPORT
(12) MID-AMERICA COUNCIL BOY SCOUT TRUST, INC 12401 W. MAPLE ROAD OMAHA, NE 68164	47-0376545	501 (C) 3	11,600.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) BOYS & GIRLS CLUB OF DANE COUNTY, INC. 1818 W BELTLINE HWY MADISON, WI 53713-2334	39-1925617	501 (C) 3	11,450.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF DANE COUNTY, IN 2059 ATWOOD AVENUE #2 MADISON, WI 53704	39-1077783	501 (C) 3	11,450.				MISSION SUPPORT
(3) FOOD BANK OF MONMOUTH & OCEAN COUNTY DBA FU 3300 ROUTE 66 NEPTUNE, NJ 07753	22-2622522	501 (C) 3	11,400.				MISSION SUPPORT
(4) GOLDEN OPP FOR YOU, INC. 9660 PINE CT. UNION CITY, GA 30291	81-3208124	501 (C) 3	11,100.				MISSION SUPPORT
(5) POWER UP SCHOLARSHIP FUND, INC. 521 BRANDON WAY AUSTIN, TX 78733	82-0885331	501 (C) 3	11,000.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF THE TRIANGLE 808 AVIATION PARKWAY, SUITE 900	56-2109717	501 (C) 3	11,000.				MISSION SUPPORT
(7) FOOD BANK OF CENTRAL & EASTERN NORTH CAROLI 1924 CAPITAL BLVD RALEIGH, NC 27604	56-1283426	501 (C) 3	10,700.				MISSION SUPPORT
(8) L.E.A.D., INC. (LAUNCH, EXPOSE, ADVISE, DIR 1266 WEST PACES FERRY RD., SUITE 429	06-1820196	501 (C) 3	10,500.	93.			MISSION SUPPORT
(9) BREAKTHROUGH ATLANTA INC. 4075 PACES FERRY ROAD NW ATLANTA, GA 30327	84-4725498	501 (C) 3	10,500.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF SOUTHERN NEVADA 2880B MEADE AVE., SUITE 250	51-0136847	501 (C) 3	10,500.				MISSION SUPPORT
(11) ALLIED ARTS OF OKLAHOMA, INC. 1015 NORTH BROADWAY AVE, SUITE 200	73-0804291	501 (C) 3	10,393.				MISSION SUPPORT
(12) UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY, SUITE 106	47-0424788	501 (C) 3	10,200.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) AUTISM SPEAKS INC. 6197 PRAIREFIRE AVE. COLUMBUS, OH 43230	20-2329938	501 (C) 3	10,154.				MISSION SUPPORT
(2) CISE (CATHOLIC INNER-CITY SCHOOLS EDUCATION) 100 EAST 8TH STREET, 7TH FLOOR	82-0977523	501 (C) 3	10,100.				MISSION SUPPORT
(3) OUR PLACE ART P.O. BOX 5142 KNOXVILLE, TN 37928	90-1009720	501 (C) 3	10,000.				MISSION SUPPORT
(4) THE FREEDOM CHILD FOUNDATION PO BOX 90146 HOUSTON, TX 77290	85-2953542	501 (C) 3	10,000.				MISSION SUPPORT
(5) THE QUINNEN WILLIAMS FOUNDATION 715 BAKEWELL STREET COVINGTON, KY 41011	85-0652445	501 (C) 3	10,000.				MISSION SUPPORT
(6) JUNIOR LEAGUE OF THE WOODLANDS, INC. 2219 SAWDUST RD, SUITE 1403	76-0063566	501 (C) 3	10,000.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF NORTH ALABAMA 125 EARL ST HUNTSVILLE, AL 35805	63-0360026	501 (C) 3	10,000.				MISSION SUPPORT
(8) BOYS & GIRLS CLUB OF THE SMOKY MOUNTAINS 311 BLUE PEACOCK WAY SEYMOUR, TN 37865-3926	62-1507789	501 (C) 3	10,000.				MISSION SUPPORT
(9) SEMINOLE HIGH SCHOOL BAND PARENT ASSOCIATIO 2701 RIDGEWOOD AVE SANFORD, FL 32773	59-6153333	501 (C) 3	10,000.				MISSION SUPPORT
(10) QUANTUM LEAP FARM, INC. 10401 WOODSTOCK ROAD ODESSA, FL 33556	59-3469464	501 (C) 3	10,000.				MISSION SUPPORT
(11) ALPHA HOUSE OF PINELLAS COUNTY 701 5TH AVENUE NORTH	59-1991525	501 (C) 3	10,000.				MISSION SUPPORT
(12) JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC. 4049 WOODCOCK DR. JACKSONVILLE, FL 32207	59-1021800	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 ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) GEORGIA CENTER FOR NONPROFITS 100 PEACHTREE ST. NW, SUITE 1500	58-2554789	501 (C) 3	10,000.				MISSION SUPPORT
(2) CITY OF REFUGE, INCORPORATED 1300 JOSEPH E. BOONE BLVD NW	58-2194642	501 (C) 3	10,000.				MISSION SUPPORT
(3) GEORGIA TECH ALUMNI ASSOCIATION, INC 190 NORTH AVENUE NW ATLANTA, GA 30313	58-0634853	501 (C) 3	10,000.				MISSION SUPPORT
(4) RALEIGH RESCUE MISSION, INC. 314 EAST HARGETT STREET RALEIGH, NC 27601	56-6024168	501 (C) 3	10,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF GREATER HIGH POINT 314 BARKER AVENUE HIGH POINT, NC 27262	56-2094591	501 (C) 3	10,000.				MISSION SUPPORT
(6) GOOD360 675 NORTH WASHINGTON STREET, SUITE 330	54-1282616	501 (C) 3	10,000.				MISSION SUPPORT
(7) SYLVESTER BROOME EMPOWERMENT VILLAGE 4119 N. SAGINAW STREET FLINT, MI 48505	47-5271086	501 (C) 3	10,000.				MISSION SUPPORT
(8) UMPS CARE CHARITIES INC. 4185 CARVEL LANE EDGEWATER, MD 21037	47-2451505	501 (C) 3	10,000.				MISSION SUPPORT
(9) THE GIVING KITCHEN INITIATIVE 970 JEFFERSON STREET NW, SUITE 8	46-2176788	501 (C) 3	10,000.				MISSION SUPPORT
(10) COUNTY OF BLUE EARTH IND SCHOOL DIST 77 (CO) 10 CIVIC CENTER PLAZA, SUITE 1	41-6000310	501 (C) 3	10,000.				MISSION SUPPORT
(11) BOYS & GIRLS CLUB OF ROCHESTER 1026 E CENTER ST ROCHESTER, MN 55904	41-1945875	501 (C) 3	10,000.				MISSION SUPPORT
(12) BOYS & GIRLS CLUBS OF THE TWIN CITIES 690 JACKSON ST SAINT PAUL, MN 55130-4345	41-0842657	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 ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) TED LINDSAY FOUNDATION 4062 LIVERNOIS RD. TROY, MI 48098	38-3597256	501 (C) 3	10,000.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF FLINT AND GENES 1176 ROBERT T. LONGWAY BLVD	38-2259541	501 (C) 3	10,000.				MISSION SUPPORT
(3) NORTHERN ILLINOIS UNIVERSITY FOUNDATION 116 ALTGELD HALL DEKALB, IL 60115	36-6086819	501 (C) 3	10,000.				MISSION SUPPORT
(4) JUNIOR ACHIEVEMENT OF NORTHWESTERN OHIO, IN 1645 INDIAN WOOD CIRCLE - SUITE 104	34-4430363	501 (C) 3	10,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF TOLEDO AND THE TOLEDO 2250 N DETROIT AVE. TOLEDO, OH 43606	34-4427933	501 (C) 3	10,000.				MISSION SUPPORT
(6) THE DOWN SYNDROME ASSOCIATION OF NORTHEAST 6533-B BRECKSVILLE RD	34-1630114	501 (C) 3	10,000.				MISSION SUPPORT
(7) NILES COMMUNITY SERVICES, INC. 401 VIENNA AVENUE NILES, OH 44446	34-1464447	501 (C) 3	10,000.				MISSION SUPPORT
(8) DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO 510 E NORTH BROADWAY 4TH FLOOR	31-1126185	501 (C) 3	10,000.				MISSION SUPPORT
(9) ST. XAVIER HIGH SCHOOL 600 WEST NORTH BEND ROAD	31-0537511	501 (C) 3	10,000.				MISSION SUPPORT
(10) BOYS & GIRLS CLUB OF THE GOLDEN TRIANGLE 1815 14TH AVE N COLUMBUS, MS 39701-2403	26-2695696	501 (C) 3	10,000.				MISSION SUPPORT
(11) TNT KID'S FITNESS 2800 MAIN AVE FARGO, ND 58103	20-3459549	501 (C) 3	10,000.				MISSION SUPPORT
(12) CHILDREN OF RESTAURANT EMPLOYEES LTD 1196 BUCKHEAD CROSSING WOODSTOCK, GA 30189	20-1584617	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 ▶ _____

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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 CLUB OF GREATER LYNCHBURG 1101 MADISON ST LYNCHBURG, VA 24504-2517	20-0199894	501 (C) 3	10,000.				MISSION SUPPORT
(2) ADL FIGHTING HATE FOR GOOD PO BOX 8379 ATLANTA, GA 31106	13-1818723	501 (C) 3	10,000.				MISSION SUPPORT
(3) BOYS AND GIRLS CLUB OF STAMFORD, INC. 347 STILLWATER AVENUE STAMFORD, CT 06902	06-0646911	501 (C) 3	10,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF NORTHWESTERN OH P.O. BOX 1369 TOLEDO, OH 43604	34-1396251	501 (C) 3	9,800.				MISSION SUPPORT
(5) MISSOULA FOOD BANK & COMMUNITY CENTER 1720 WYOMING STREET MISSOULA, MT 59801	81-0414143	501 (C) 3	9,700.				MISSION SUPPORT
(6) MIDDLE GEORGIA COMMUNITY FOOD BANK 4490 OCMULGEE EAST BOULEVARD	58-2484086	501 (C) 3	9,700.				MISSION SUPPORT
(7) BIG BROTHERS BIG SISTERS OF HARRISONBURG-RO 225 NORTH HIGH STREET	51-0209104	501 (C) 3	9,500.				MISSION SUPPORT
(8) BELMONT HILLS ELEMENTARY 407 BARBER ROAD SE MARIETTA, GA 30060	58-6000214	501 (C) 3	9,400.				MISSION SUPPORT
(9) NEW DESTINY PATHWAYS INC P.O. BOX 7074 GRAND RAPIDS, MI 49510	90-0808839	501 (C) 3	9,100.				MISSION SUPPORT
(10) FOOD BANK OF SIOUXLAND, INC. 1313 11TH STREET SIOUX CITY, IA 51105	42-1381516	501 (C) 3	9,100.				MISSION SUPPORT
(11) GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501 (C) 3	8,917.				MISSION SUPPORT
(12) SHARING AND CARING HANDS, INC. 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	36-3412619	501 (C) 3	8,900.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) BOYS & GIRLS CLUBS OF THE ROGUE VALLEY 203 SE 9TH ST GRANTS PASS, OR 97526	93-0588108	501 (C) 3	8,500.				MISSION SUPPORT
(2) OKLAHOMA FUTURE FARMERS OF AMERICA FOUNDATI 1500 W 7TH AVENUE STILLWATER, OK 74074	73-1283413	501 (C) 3	8,500.				MISSION SUPPORT
(3) FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER ROAD FLINT, MI 48503	38-2379678	501 (C) 3	8,500.				MISSION SUPPORT
(4) FOOD BANK OF THE ROCKIES DBA FOOD BANK OF W P.O. BOX 1540 EVANSVILLE, WY 82636	84-0772672	501 (C) 3	8,400.				MISSION SUPPORT
(5) HEAD START, INC. DBA EXPLORERS ACADEMY 615 N. 19TH STREET BILLINGS, MT 59101	81-0398508	501 (C) 3	8,400.				MISSION SUPPORT
(6) GENEROUS LIFE FOUNDATION DBA MEMPHIS DREAM 1800 N. GERMANTOWN PKWY. CORDOVA, TN 38016	31-1685087	501 (C) 3	8,400.				MISSION SUPPORT
(7) LITTLE LIGHTHOUSE, INC. 5120 E 36TH ST TULSA, OK 74135	73-0939422	501 (C) 3	8,200.				MISSION SUPPORT
(8) HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	57-0725560	501 (C) 3	8,100.				MISSION SUPPORT
(9) BIG BROTHERS BIG SISTERS LINCOLN 2124 Y STREET FLAT 210 LINCOLN, NE 68503	47-0794732	501 (C) 3	8,100.				MISSION SUPPORT
(10) YMCA OF ROCK RIVER VALLEY 200 Y BOULEVARD ROCKFORD, IL 61107	36-2174838	501 (C) 3	8,050.				MISSION SUPPORT
(11) BOYS & GIRLS CLUB OF ROCKFORD 1040 N 2ND ST #1 ROCKFORD, IL 61107	36-2167840	501 (C) 3	8,050.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF CENTRAL IOWA, I 9051 SWANSON BLVD CLIVE, IA 50325	42-1184999	501 (C) 3	8,010.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) FOOD BANK OF NORTHWEST INDIANA 6490 BROADWAY MERRILLVILLE, IN 46410	35-1528285	501 (C) 3	8,003.				MISSION SUPPORT
(2) BOYS & GIRLS CLUBS OF CENTRAL IOWA 1421 WALKER ST DES MOINES, IA 50316-3471	42-6075138	501 (C) 3	8,000.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF EAST CENTRAL WI 1331 AMERICAN DRIVE NEENAH, WI 54956	39-6103907	501 (C) 3	8,000.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF NORTHEAST WISCO 520 N. BROADWAY ST., SUITE 220	39-1274696	501 (C) 3	8,000.				MISSION SUPPORT
(5) CUYAHOGA COUNTY PUBLIC LIBRARY 2111 SNOW ROAD PARMA, OH 44134	34-6000819	501 (C) 3	8,000.				MISSION SUPPORT
(6) TAN'S TREATS, INC. 2364 E LA GRASSE DR ST. GEORGE, UT 84790	81-2756565	501 (C) 3	7,900.				MISSION SUPPORT
(7) BOYS & GIRLS CLUB OF BOWLING GREEN WAR MEMO 260 SCOTT WAY BOWLING GREEN, KY 42101	61-0482974	501 (C) 3	7,900.				MISSION SUPPORT
(8) THE CHILDREN'S HUNGER PROJECT 1855 W KING STREET COCOA, FL 32926	36-4686823	501 (C) 3	7,600.				MISSION SUPPORT
(9) GREATER FAITH COMMUNITY ACTION CORPORATION PO BOX 215 SPRINGFIELD, TN 37172	90-0139322	501 (C) 3	7,500.				MISSION SUPPORT
(10) APF SUPPORT INC. (ATLANTA POLICE FOUNDATION) 191 PEACHTREE STREET NE, SUITE 191	84-2208967	501 (C) 3	7,500.				MISSION SUPPORT
(11) FEEDING THE VALLEY, INC. P.O. BOX 8904 COLUMBUS, GA 31908	58-1498131	501 (C) 3	7,500.				MISSION SUPPORT
(12) THE LOVE KITCHEN, INC. 2418 MARTIN LUTHER KING JR. AVENUE	62-1448193	501 (C) 3	7,000.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) MAKE-A-WISH FOUNDATION OF IOWA 3009 100TH STREET URBANDALE, IA 50322-3220	42-1310530	501 (C) 3	6,990.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF THE MISSISSIPPI 130 W. 5TH STREET DAVENPORT, IA 52801	42-1320908	501 (C) 3	6,800.				MISSION SUPPORT
(3) CAMI JO CARES 2451 BARNES CROSSING ROAD	82-1643347	501 (C) 3	6,700.				MISSION SUPPORT
(4) EMERGENCY FOOD PANTRY, INC. 1101 4TH AVE N FARGO, ND 58102	51-0138107	501 (C) 3	6,700.				MISSION SUPPORT
(5) BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & 3150 E AVE NW - SUITE 103	42-1170475	501 (C) 3	6,578.				MISSION SUPPORT
(6) FIGHT WITH AUSTIN FLASH SCHROEDER FOUNDATIO 2920 DIAMOND MIL CIR CORALVILLE, IA 52241	47-5360520	501 (C) 3	6,522.				MISSION SUPPORT
(7) LEADERSHIP OKLAHOMA, INC. 3037 NW 63RD STREET SUITE W104	73-1301631	501 (C) 3	6,500.				MISSION SUPPORT
(8) CARMACK BOULEVARD CHURCH OF CHRIST 2111 CARMACK BLVD COLUMBIA, TN 38401	31-1594717	501 (C) 3	6,500.				MISSION SUPPORT
(9) C5 YOUTH FOUNDATION OF GEORGIA, INC. 7 DUNWOODY PARK SUITE 103 ATLANTA, GA 30338	26-2498817	501 (C) 3	6,411.				MISSION SUPPORT
(10) BUTTE EMERGENCY FOOD BANK 1019 E. SECOND BUTTE, MT 59701	81-0469563	501 (C) 3	6,400.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF NORTHWESTERN WI 424 GALLOWAY ST EAU CLAIRE, WI 54703	23-7311200	501 (C) 3	6,100.				MISSION SUPPORT
(12) BIG BROTHERS BIG SISTERS OF CT, INC. 30 LAUREL STREET, SUITE 3	06-0850379	501 (C) 3	6,100.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) THE CHILDREN'S HOME ASSOCIATION OF ILLINOIS 2130 N KNOXVILLE AVE PEORIA, IL 61603	37-0662601	501 (C) 3	6,050.				MISSION SUPPORT
(2) GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589	501 (C) 3	6,000.				MISSION SUPPORT
(3) MARTY DUNAGAN DBA MARTY'S CENTER INC. 4519 BRAINERD ROAD CHATTANOOGA, TN 37411	46-3332982	501 (C) 3	6,000.				MISSION SUPPORT
(4) COMMUNITY ACTION REGION VI PO BOX 507 JAMESTOWN, ND 58402	45-0333497	501 (C) 3	6,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUBS OF THE GREATER CHIPPEWA 1005 OXFORD AVE EAU CLAIRE, WI 54703-5347	39-2032491	501 (C) 3	6,000.				MISSION SUPPORT
(6) BOYS AND GIRLS CLUBS OF WEST CENTRAL WISCON 105 W. MILWAUKEE STREET TOMAH, WI 54660	39-1962065	501 (C) 3	6,000.				MISSION SUPPORT
(7) SOUTHWEST INDIANA POWERHOUSE INC. 709 E MAIN ST WASHINGTON, IN 47501	35-2076306	501 (C) 3	6,000.				MISSION SUPPORT
(8) CHILD NETWORK 171 N. WEST AVE. STE. 1 BRADLEY, IL 60915	36-3946186	501 (C) 3	5,900.				MISSION SUPPORT
(9) YANKTON FOOD FOR THOUGHT 2407 BROADWAY AVE YANKTON, SD 57078	82-2234584	501 (C) 3	5,820.				MISSION SUPPORT
(10) BROOKINGS BACKPACK PROJECT PO BOX 8054 BROOKINGS, SD 57006	81-3314886	501 (C) 3	5,820.				MISSION SUPPORT
(11) WATERTOWN AREA PEOPLE AGAINST CHILD HUNGER PO BOX 176 WATERTOWN, SD 57201	46-3296115	501 (C) 3	5,820.				MISSION SUPPORT
(12) JUNIOR ACHIEVEMENT OF SOUTH DAKOTA 300 S. PHILLIPS AVENUE, SUITE L102	46-0306352	501 (C) 3	5,820.				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) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) WEEKEND SNACKPACK INC 1200 W UNIVERSITY AVE MITCHELL, SD 57301	27-3846471	501 (C) 3	5,820.				MISSION SUPPORT
(2) BIG BROTHERS BIG SISTERS OF THE LEHIGH VALL 41 S. CARLISLE STREET ALLENTOWN, PA 18109	23-1746895	501 (C) 3	5,800.				MISSION SUPPORT
(3) CORPORATE VOLUNTEER COUNCIL OF ATLANTA 600 MEANS STREET NW, SUITE 100	58-2054790	501 (C) 3	5,500.				MISSION SUPPORT
(4) CARING COMMUNITY PO BOX 321 WAKEMAN, OH 44889	31-1609625	501 (C) 3	5,400.				MISSION SUPPORT
(5) WATSON GROVE MISSIONARY BAPTIST CHURCH (FOO 1415 HORTON AVENUE NASHVILLE, TN 37212	62-1188319	501 (C) 3	5,100.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF SOUTHWESTERN IN 320 SE MARTIN LUTHER KING JR. BLVD. SUITE C	35-1305578	501 (C) 3	5,100.				MISSION SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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) 2021

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 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

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

2021

**Open to Public
Inspection**

INSPIRE BRANDS FOUNDATION, INC.

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 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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a	<input checked="" type="checkbox"/>	
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	165,662.	43,700.		8,902.	19,732.	237,996.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 EMILY CRAWFORD DIRECTOR OF IMPACT	(i)	118,474.	23,232.		5,217.	6,317.	153,240.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 RYAN VAN SICKLE DIRECTOR OF OPERATION	(i)	119,655.	19,188.		2,377.	19,317.	160,537.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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 3

COMPENSATION INFORMED BY A 2019 STUDY. STUDY SCHEDULED AGAIN FOR 2023.

BOARD CHAIR APPROVES EXECUTIVE DIRECTOR SALARY SPECIFICALLY. FULL BOARD

APPROVES THE ENTIRETY OF FOUNDATION COMPENSATION AS A PART OF THE BUDGET

PROCESS.

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 L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART II, LINE 1

DURING 2021, THE FOUNDATION ENTERED INTO AN AGREEMENT WITH INSPIRE BRANDS, INC. FOR INSPIRE BRANDS, INC. TO PROVIDE FUNDING FOR A GRANT OBLIGATION TO A NONPROFIT. AT DECEMBER 31, 2021, THE OUTSTANDING BALANCE WAS \$750,000 AND IS TO BE PAID \$150,000 PER YEAR THROUGH 2025.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

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				
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 ▶ (<u>FOOD & BEVERAGE</u>)	X	1	81,500.	FMV
26 Other ▶ (<u>MARKETING ITEMS</u>)	X	1	111,800.	FMV
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 V, 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) 2021

JSA

1E1298 1.000

6274PT 9242 10/10/2022 07:35:53 V21-7.2F 44037

PUBLIC INSPECTION COPY

**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

2021

**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, CLAUDIA SAN PEDRO, DANTON NOLAN, CHRIS HELD, JIM TAYLOR, JAMES NORTH, AND LYLE TICK.

PART VI, SECTION A, LINE 7A

THE BYLAWS STIPULATE THE BOARD OF TRUSTEES SHALL ALWAYS INCLUDE (1) THE PERSON SERVING FROM TIME TO TIME AS THE CHIEF EXECUTIVE OFFICER OF INSPIRE (OR HIS OR HER DESIGNEE), WHO SHALL BE THE CHAIR OF THE CORPORATION AND SHALL SERVE AS THE CHAIR (AND SHALL HAVE THE RIGHT TO DESIGNATE SOMEONE ELSE TO SERVE AS CHAIR) AND AS A MEMBER OF THE BOARD OF TRUSTEES FOR AS LONG AS HE OR SHE IS THE CHIEF EXECUTIVE OFFICER OF INSPIRE, (2) THE THEN SERVING BRAND PRESIDENT OF ARBY'S (OR HIS OR HER DESIGNEE), (3) THE THEN SERVING BRAND PRESIDENT OF BUFFALO WILD WINGS (OR HIS OR HER DESIGNEE), (4) THE THEN SERVING BRAND PRESIDENT OF SONIC (OR HIS OR HER DESIGNEE) AND (5) THE THEN SERVING BRAND PRESIDENT OF JIMMY JOHN'S (OR HIS OR HER DESIGNEE). SUBJECT TO THE PROVISIONS OF SECTION 3.1, THE OTHER TRUSTEES SHALL BE APPOINTED BY THE CHIEF EXECUTIVE OFFICER OF INSPIRE. ANYTHING IN THESE BYLAWS TO THE CONTRARY NOTWITHSTANDING, NO

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

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 THE EXECUTIVE DIRECTOR AND SENIOR DIRECTOR OF OPERATIONS. THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE AUDIT AND FORM 990. FOLLOWING, THE BOARD MEMBERS ARE SENT THE AUDIT AND FORM 990 FOR THEIR REVIEW PRIOR TO FILING.

PART VI, SECTION B, LINE 12C

TO ENSURE COMPLIANCE WITH THE CONFLICTS OF INTEREST, THE INSPIRE BRANDS FOUNDATION ANNUALLY REQUIRES EACH BOARD MEMBER, OFFICER, AND TRUSTEE TO REVIEW AND SIGN A NEW CONFLICT OF INTEREST AGREEMENT.

PART VI, SECTION B, LINES 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.

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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

AT THE INSPIRE BRANDS FOUNDATION, WE EXIST TO IGNITE AND NOURISH CHANGE FOR GOOD THROUGH STRATEGIC NATIONAL AND COMMUNITY PARTNERSHIPS. AS A FOUNDATION, WE FOCUS ON THREE CORE PILLARS - CHILDHOOD HUNGER, YOUTH LEADERSHIP AND CAREER READINESS. WE DO BUSINESS AS THE ARBYS FOUNDATION, BUFFALO WILD WINGS FOUNDATION, SONIC FOUNDATION AND THE JIMMY JOHN'S FOUNDATION. THE ARBYS FOUNDATION BELIEVES THAT EVERY KID DESERVES TO DREAM BIG AND PURSUE THEIR DREAMS WITH CONFIDENCE. THE BUFFALO WILD WINGS FOUNDATION FUELS THE CHAMPIONS OF THE NEXT GENERATION. THE SONIC FOUNDATION SPARKS BRIGHTER FUTURES FOR AMERICA'S YOUTH. THE JIMMY JOHNS FOUNDATION EMPOWERS THE NEXT GENERATION TO DREAM BOLDLY AND THRIVE.

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES	6,089,703.	6,916,607.	
TOTALS	6,089,703.	6,916,607.	

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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) 2021

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 30328	RESTAURANT	DE	N/A	C-CORP	NONE	NONE			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)													