Inspire Brands Foundation

Public Inspection Copy

For the Year Ended December 31, 2022

TAX RETURNS



INSPIRE BRANDS FOUNDATION, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2022

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 ADVISORY, LLC 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, 2023. 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.

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

<u> </u>	01 111	C 202	LZ Cale	iluai yeai,	Of tax	real beg	minig			aı	iu enun	<u>ıy</u>					
R a	Check if ap	unliaahlar	C Nar	ne of organiza	tion								D Employer i	dentific	ation number		
_	_		I	NSPIRE 1	BRANDS	FOUNI	DATION,]	INC.									
	Addre chang			ng Business As											92997		
	Name	change	Nur	nber and stre	et (or P.O.	box if mail is	s not delivered t	o street addr	ess)	Roo	m/suite		E Telephone number				
	Initial	return	Ι	HREE GL	ENLAKE	PARKW	/AY						(678)514-4100				
	Termi	nated	City	or town, state	e or provin	ce, country,	and ZIP or fore	eign postal co	de								
	Amen return			TLANTA,									G Gross rece	ipts \$	14,105,770.	,	
	Applic pendi		F Nar	ne and addres	ss of princip	oal officer:	COURT	TNEY LO	WE				H(a) Is this a gr subordinate	oup retures?	n for Yes X	No	
			T	HREE GL	ENLAKE	PARKW	AY, ATLA	ANTA, G	A 30328				H(b) Are all subo		cluded? Yes	No	
ı	Tax-ex	empt st	tatus:	X 501(c)	(3)	501(c) () ◀ (in:	sert no.)	4947(a)(1) or	52	7	If "No," att	ach a list.	. (see instructions)		
J	Websi	te: 🕨	WWW	.FOUNDA	TION.I	NSPIRE	BRANDS.C	COM					H(c) Group exe	mption nu	umber >		
K	Form o	of organ	nization:	X Corpor	ation	Trust	Association	Other	>		L Year of	f formati	ion: 1986 M	State	of legal domicile:	GA_	
P	art I	Sui	mmar	у													
	1	Briefly	y desc	ribe the orga	nization's	mission	or most signif	icant activit	es:								
e		THE INSPIRE BRANDS FOUNDATION IGNITES AND NOURISHES CHANGE FOR GOOD.															
Governance		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.															
Ver	2	Check	k this b	oox ►	if the org	anization	discontinued	its operati	ons or dispo	sed of	more tha	an 25%	of its net asse	ets.			
	3	Numb	per of v	oting memb	ers of the	governin	g body (Part V	/I, line 1a)						3	,	16	
ح دى	1	Numb	per of i	ndependent	voting me	embers of	the governin	g body (Pa	t VI, line 1b)					4		9	
Activities	5	Total	numbe	er of individu	als emplo	oyed in ca	lendar year 20	022 (Part V	, line 2a)					5		12	
ž	6			er of voluntee			_							6	1,0	93	
ĕ	7a	Total	unrela	ted business	revenue	from Part	VIII, column (C), line 12						7a			
							Form 990-T,							7b	N	ONE	
													Prior Year		Current Year		
a	8	Contri	ibution	s and grants	(Part VIII	, line 1h)							14,599,2	05.	12,492,01	5.	
ž	9	Progra	am sei	rvice revenue	(Part VIII	, line 2g)			0	PY FC			1	ONE	N	ONE	
Revenue	10						nes 3, 4, and 7			INSPE	ECTION		473,9	31.	104,34	10.	
œ	11	Other	r reven	ue (Part VIII	, column	(A), lines 5	5, 6d, 8c, 9c, 1	10c, and 11	e)				43,2	205.	56,83	,828.	
							st equal Part \						15,116,3	41.	12,653,18	33.	
							lumn (A), line						8,887,8	99.	9,003,38		
													1	ONE	N	ONE	
Ś	4-5		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										1,483,4	61.	1,425,72	20.	
Expenses	16a						ın (A), line 11						1	N	ONE		
xbe	b						(D), line 25)										
Ш	17						1a-11d, 11f-2						1,040,0	59.	1,082,34	<u>1</u> 3.	
							al Part IX, colu						11,411,4	19.	11,511,45	52.	
							m line 12						3,704,9	22.	1,141,73		
Ses												Beginn	ning of Current	Year	End of Year		
sets	20	Total	assets	(Part X, line	16)								15,512,5	73.	15,019,79	99.	
Net Assets or Fund Balances	21	Total	liabiliti	es (Part X, lir									1,671,7	45.	1,283,74	16.	
활	22	Net as	ssets o	or fund balar	nces. Sub	tract line 2	1 from line 20)					13,840,8	28.	13,736,05	53.	
Pa	art II	Sig	gnatu	re Block													
Un	der per	nalties o	of perju	ry, I declare th	nat I have	examined t	his return, incl an officer) is ba	uding accon	panying sche	dules	and staten	ments, a	nd to the best	of my k	nowledge and belief,	it is	
tru	e, corre	ci, and	Comple	ete. Declaration	1 or prepar	er (other tha	an officer) is bas	sed on all in	ormation of w	nich p	reparer na	is any kn	lowledge.			—	
													11,	/15/2	2023		
Sig			Signat	ure of officer									Date				
He	re	COUI	RTNE	Y LOWE					OFFIC	ER							
		L .	,,	r print name a													
De:		Print/	/Type p	reparer's name			Preparer's si	ignature	1.0		Date		Check	if P	PTIN	_	
Paid	a parer	MAR	.C A .	AZAR			MARC A	AZAR	Marc	Ques?	14/15	X202	self-emplo	yed]	P91739349		
	parer Only	Firm's	's name	► SMIT	H & H	OWARD A	ADVISORY	, LLC					Firm's EIN	92	2-0749631		
	City	Firm's	s addres	ss > 27	1 17TH S	TREET, N	W SUITE 1600	ATLANTA,	GA 30363				Phone no.	40	04-874-6244		
Ma	y the II	RS dis	scuss t	his return w	ith the pre	parer show	wn above? (se	e instructio	ns)						. X Yes	No	
For	Paper	rwork	Reduc	ction Act No	tice, see	the separa	ate instruction	ns.							Form 990 (20)22)	

Form 990 (2022) Page **2**

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
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? If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$1,302,500. including grants of \$1,302,500.)(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 \$1,065,601. including grants of \$1,065,601.)(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 \$	
	Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 6,795,998. including grants of \$ 6,104,258.) (Revenue \$) Total program service expenses 9,695,129	

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Par	Checklist of Required Schedules		Yes	Na
	Is the expenientian described in section E01/s)/2) or 4047/s)/1) (other than a private foundation)? If ")/os "		162	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	v	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
2	Did the organization required to complete <i>Scriedule B, Scriedule of Contributors?</i> See instructions		X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
·	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		37
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		X
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete</i> Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A) line 12 If "Vas " complete Schedule I, Parts I and II	21	v	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		22	v	
04-	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26	х	ĺ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		21	
21				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34		24	v	
25-	or IV, and Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			ĺ
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
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			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		10	Х	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2022)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40.	agametametametametametamem)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	II 165. COMDICTE FORM 0003.			

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
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		37	
_	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	9		v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		<u>X</u>
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
_	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	_	
		\longrightarrow	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	Х	
40	Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	465		
Soct	organization's exempt status with respect to such arrangements?	16b		
17	Elect the states with which a sepy of this remines to be most		ia:	04/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(sect	ion 5	U1(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record RYAN VAN SICKLE THREE GLENLAKE PARKWAY ATLANTA, GA 30328	s		

678-514-4100

Form **990** (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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, box 6 of 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 i	f neither the or	ganization nor an	v related or	ganization com	pensated any	v current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	sition c more than one erson is both an director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) STUART BROWN	40.00									
EXECUTIVE DIRECTOR	NONE	-		Х				216,251.	NONE	37,373.
(2) RYAN VAN SICKLE	40.00							210/231.	1101112	377373.
DIRECTOR OF OPERATIONS	NONE					X		161,221.	NONE	30,282.
(3) EMILY CRAWFORD	40.00									33,232
DIRECTOR OF IMPACT	NONE					X		151,462.	NONE	16,768.
(4) KRISTIN LUTCH	40.00							,		,
ACCOUNTING MANAGER	NONE					Х		118,960.	NONE	8,759.
(5) CATHERINE STRANBERG	40.00									
IMPACT MANAGER	NONE					Х		106,901.	NONE	14,840.
(6) CHRIS FULLER	2.00									
CHAIRMAN	40.00	Х		Х				NONE	NONE	NONE
(7) CHRIS HELD	2.00									
SECRETARY	40.00	Х		Х				NONE	NONE	NONE
(8) PATTY TUCKER	1.00									
TRUSTEE	NONE	Х		Х				NONE	NONE	NONE
(9) JIM TAYLOR	1.00									
TRUSTEE	40.00	Х						NONE	NONE	NONE
(10) LYLE TICK	1.00									
TRUSTEE	40.00	Х						NONE	NONE	NONE
(11) CLAUDIA SAN PEDRO	1.00									
TRUSTEE	40.00	Х						NONE	NONE	NONE
(12) DAVID POWELL	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) JAMES NORTH	1.00									
TRUSTEE	40.00	Х						NONE	NONE	NONE
(14) MARSHALL FREEMAN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

Form **990** (2022)

_	m 990 (2022)	. 17									Page 8
Р	art VII Section A. Officers, Directors, Tru		y En	ıplo			and H	lıgl	nest Compensat (D)		•
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles	Pos neck ss pe	rson lirect	e than or is both a or/truste employee	an	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
		below dotted line)	Individual trustee or director	ional trustee		Key employee	t compensated /ee				and related organizations
	5) ED BAKER	1.00									
	RUSTEE	NONE	X						NONE	NONE	NONE
	5)_BILL_BOLLING	1.00	-								
_	RUSTEE	NONE	X						NONE	NONE	NONE
	7)_TRAVIS_MURPHY	1.00	-								
	RUSTEE	NONE	X						NONE	NONE	NONE
	B)_CHARLIE_MORGAN	1.00	-								
	RUSTEE	NONE	X						NONE	NONE	NONE
	9) RENEE DUCRE	1.00	-								
	RUSTEE	NONE	X						NONE	NONE	NONE
	O) DANTON NOLAN	2.00	-								
	ICE CHAIRMAN/TREASURER	40.00	X		X				NONE	NONE	NONE
	l) KAREN BREMER RUSTEE	1.00 NONE	- ,,						NONE	NONE	NONE
		NONE	X						NONE	NONE	NONE
			-								
11	o Sub-total								754,795.	NONE	108,022.
	c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	NONE	NONE	NONE
	d Total (add lines 1b and 1c)							>	754,795.	NONE	108,022.
2	Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bove	e) who 5	re	ceived more than	\$100,000 of	
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?) If	"Yes,	,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5 X
S	ection B. Independent Contractors										
1	Complete this table for your five highest com compensation from the organization. Report c 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 ▶

Part VIII Statement of Revenue

1			Check if Schedule O	contains a	respor	nse or note to ar	y line in this Part V	/		
Dusiness Code Dusiness Cod								Related or exempt	Unrelated	Revenue excluded from tax under
Dusiness Code Dusiness Cod	ts,	1a	Federated campaigns		1a					
Dusiness Code Dusiness Cod	E S	b	Membership dues		1b					
Dusiness Code Dusiness Cod	وَق	С	Fundraising events		1c	3,925,979.				
Dusiness Code Dusiness Cod	fts.	d	Related organizations		1d	956,120.				
Dusiness Code Dusiness Cod	ອ≅∣	е			1e					
Dusiness Code Dusiness Cod	ns,	f	-							
Dusiness Code Dusiness Cod	e 달		=	_	1f	7,609,916.				
Dusiness Code Dusiness Cod	듗뙨	a	Noncash contributions inc	cluded in						
Dusiness Code Dusiness Cod	at				1a	\$ 10,400.				
Business Code Business Code	၂ နှ ပိ	h					12,492,015.			
Total Add lines 2a-2f NOME						1				
Total Add lines 2a-2f NOME	හු	22								
Total Add lines 2a-2f NOME	اھ ≧َ									
Total Add lines 2a-2f NOME	Se zi									
Total Add lines 2a-2f NOME	E S									
Total Add lines 2a-2f NOME	Pg									
Total Add lines 2a-2f NOME	<u>ا</u> 2		All other program comits :	rovonus						
13	_		. •				NONE			
131,345. 133,345.										
1 1 1 1 1 1 1 1 1 1		•	,	-			131,345.			131,345.
Second S		,	,							
Company Comp				•		•				
Section Sect			Troyunico I I I I I I I I				1101112			
Description Company		6.	Cross rents	.,,		. ,				
C Rental income or (loss) E NONE NONE NONE		١.								
Net rental income or (loss)			· ·		NONE	NONE				
Ta Gross amount from sales of assets other than inventory be less: cost or other basis and sales expenses Tb 1,286,460 . Tc -27,005 . -2			` '\				NONE			
Sales of assets other than inventory b Less: cost or other basis and sales expenses							NONE			
Other than inventory 7a 1,259,455.		/ a		(i) Secu	IIIICS	(II) Other				
b Less: cost or other basis and sales expenses				1 0	0 455					
And sales expenses Total			· -	1,23	9,400.					
d Net gain or (loss)	Jue	D		1 20	6 160					
d Net gain or (loss)	ĕ	_	· ·	-						
8a Gross income from fundraising events (not including \$	~	١.	` '			·I	27 005			27 005
events (not including \$	Jer						-27,003.			-27,003.
events (not including \$	ᅗ	8a		_						
Total. Add lines 11a-11d 1c). See Part IV, line 18			, , , ,		'					
b Less: direct expenses			•			222 955				
C Net income or (loss) from fundraising events			,							
9a Gross income from gaming activities. See Part IV, line 19 9a NONE b Less: direct expenses			•			1	56 828			56 828
activities. See Part IV, line 19 9a NONE b Less: direct expenses 9b NONE c Net income or (loss) from gaming activities			, ,	~			30,020.			30,020.
b Less: direct expenses		9а		0 0		NONE				
C Net income or (loss) from gaming activities										
Total. Add lines 11a-11d			•							
returns and allowances				-			1101112			
None		Tua		•		NONE				
Net income or (loss) from sales of inventory. NONE Business Code All other revenue Total. Add lines 11a-11d		J.								
Business Code					-	L				
11a				2 2. 111701	· y • •		HOME			
e Total. Add lines 11a-11d NONE	ous	44-								
e Total. Add lines 11a-11d NONE	ng n									
e Total. Add lines 11a-11d NONE	e e le									1
e Total. Add lines 11a-11d NONE	Re									
	Ξ						NONE			
										161,168.

58-1692997

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 resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,003,389.	9,003,389.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	253,866.	96,261.	103,971.	53,634
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	998,012.	378,425.	408,737.	210,850
8	Pension plan accruals and contributions (include	22,562.	8,555.	9,240.	4,767
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	73,408.	27,835.	30,064.	15,509
10	Payroll taxes	77,872.	29,527.	31,893.	16,452
	Fees for services (nonemployees):				
	Management	NONE		4- 4	
	Legal	47,657.		47,657.	
	Accounting	31,500.		31,500.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE		50.264	
	Investment management fees	50,364.		50,364.	
9	Other. (If line 11g amount exceeds 10% of line 25, column	(2 557	24 700	20 160	0 (00
	(A), amount, list line 11g expenses on Schedule O.)	63,557.	34,708.	20,169.	8,680
	Advertising and promotion	NONE 01 F76	22,860.	4F 004	22 712
	Office expenses	91,576. NONE	22,000.	45,004.	23,712
	Information technology	NONE			
	Royalties	3,672.	1,445.	1,513.	714
	Occupancy	NONE	1,445.	1,515.	/14
	Travel	NONE			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
10	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	12,044.		12,044.	
	Insurance	NONE		, ~	
	Other expenses. Itemize expenses not covered				
•	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	RESTAURANT FUNDRAISING	593,762.			593,762
	IMPACT AND AWARENESS	188,211.	92,124.	87.	96,000
c	:				
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	11,511,452.	9,695,129.	792,243.	1,024,080
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,284,887.	1	5,191,381.
2	Savings and temporary cash investments		2	803,424
3	Pledges and grants receivable, net		3	NON
4	Accounts receivable, net		4	2,517,640
5	Loans and other receivables from any current or former officer, direct			
	trustee, key employee, creator or founder, substantial contributor, or 35			
	controlled entity or family member of any of these persons		5	450,000
6	Loans and other receivables from other disqualified persons (as define			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	NON
7	Notes and loans receivable, net		7	NON
8	Inventories for sale or use		8	NON
9	Prepaid expenses and deferred charges		9	32,557
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 86,0	09.		
b	Less: accumulated depreciation 10b 71,7		10c	14,265
11	Investments - publicly traded securities		11	6,010,532
12	Investments - other securities. See Part IV, line 11			NON
13	Investments - program-related. See Part IV, line 11			NON
14	Intangible assets			NON
15	Other assets. See Part IV, line 11			NON
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	15,019,799
17	Accounts payable and accrued expenses		17	603,936
18	Grants payable		18	679,810
19	Deferred revenue			NON
20	Tax-exempt bond liabilities			NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	• •		NON
1	Loans and other payables to any current or former officer, direct			11021
	trustee, key employee, creator or founder, substantial contributor, or 35			
22	controlled entity or family member of any of these persons		22	NON
23	Secured mortgages and notes payable to unrelated third parties			NON
24	Unsecured notes and loans payable to unrelated third parties			NON
25	Other liabilities (including federal income tax, payables to related this			11011
	parties, and other liabilities not included on lines 17-24). Complete Part			
	of Schedule D		25	NON
26	Total liabilities. Add lines 17 through 25		26	1,283,746
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	1,0,1,,15.		172037710
27	Net assets without donor restrictions	12,599,858.	27	12,425,916
28	Net assets with donor restrictions		28	1,310,137
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	1/210/5/01		1/310/13/
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances		31	12 726 052
33	Total liabilities and net assets/fund balances			13,736,053
JJ	Total liabilities allu liet assets/lullu baldilles, , , , , , , , , , , , , , , , , , ,	15,512,573.	33	15,019,799 Form 990 (2022

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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	1	2,6	53,	<u> 183</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,5	11,	<u>452</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	41,	<u>731</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	3,8	40,	<u>828</u>
5	Net unrealized gains (losses) on investments	5	_	1,2	26,	<u>484</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		_	20,	022
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	1	3,7	36,	<u>053</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ıplain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e.	xplain d	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo tl	he			
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such a	ıdits -		3b		

SCHEDULE A (Form 990)

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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

INS	SPIR	RE BRANDS FOUNDATION						692997
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instructior	ıs.
The	orga	inization is not a private fou	ndation because it	is: (For lines 1 throuç	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2	Ш	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more than s section 511 tax) from	ip fees, and gross n 331/3 % of its businesses
11		An organization organized						
12		An organization organized a	and operated exclu	sively for the benefit o	f, to perf	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or sect	ion 509(a)(2). See sec	ction 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	ຼ supporting organization. ງ	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	ຸ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oldsymbol{ol}}}}}}}}} $	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		$oldsymbol{ol}}}}}}}}}} $	nization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type I	II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.	
f	Ent	er the number of supported	organizations					
g	Pro	vide the following information		orted organization(s).	1			<u> </u>
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
/D`								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2022 Page 2

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.)

Sec	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	7,686,694.	10,684,154.	11,532,297.	14,599,205.	12,492,015.	56,994,365.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	7,686,694.	10,684,154.	11,532,297.	14,599,205.	12,492,015.	56,994,365.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						5,460,888.
6	Public support. Subtract line 5 from line 4						51,533,477.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4	7,686,694.	10,684,154.	11,532,297.	14,599,205.	12,492,015.	56,994,365.
	similar sources	241,963.	253,016.	157,881.	167,194.	131,345.	951,399.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NONE	NONE				NONE
11	Total support. Add lines 7 through 10						57,945,764.
12	Gross receipts from related activities, etc. (s	see instructions)				12	1,231,681.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li		•			14	88.93 %
15	Public support percentage from 2021					15	92.44 %
16a	331/3% support test - 2022. If the org	•					
_	box and stop here. The organization q	•	•	•			
b	331/3% support test - 2021. If the org						
47.	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets			_			
h	organization						
Ö	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organizin Part VI how the organization meets					-	-
	organization			•	•		
18	Private foundation. If the organization						
. 0	instructions						
							<u> </u>

Schedule A (Form 990) 2022 Page **3**

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.)

				, I	•	,	
	tion A. Public Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				5:5:1		504()(0)
14	First 5 years. If the Form 990 is for	•			•		` ` `
	organization, check this box and stop here.						
	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,			mp (f))		45	0/
15 16	Public support percentage from 2021 Sche		-			15	<u>%</u>
						16	70
	tion D. Computation of Investment Investment income percentage for 2022 (lir			13 column (f)\		17	%
17							
18	Investment income percentage from 2021 S					18 ore than 331/3 %	
134	331/3% support tests - 2022. If the or 17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2021. If the orga						
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
20	a. ioundation. Il tile organization t	ALC LITTER	a box on mic	, .ou, or 19b	, oncon tino bu	and Joe midth	40110110

JSA 2E1221 1.000 Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

		Yes	No
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	3b		
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fit	9c		
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	10a		
to	10b		
edul	e A (Fo	rm 990	0) 2022

Page 5 Schedule A (Form 990) 2022

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44.		
Secti	on B. Type I Supporting Organizations	11c		
30011	on B. Type reapporting organizations		Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		.,	
			Yes	NO
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
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		Yes	No
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	structio	ons).	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	2 h		

Page 6 Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	3			
1 _	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.					
Section	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1 N	et short-term capital gain	1				
2 R	ecoveries of prior-year distributions	2				
3 O	ther gross income (see instructions)	3				
4 A	dd lines 1 through 3.	4				
5 D	epreciation and depletion	5				
of pr	ortion of operating expenses paid or incurred for production or collection for gross income or for management, conservation, or maintenance of coperty held for production of income (see instructions)	6				
	ther expenses (see instructions)	7				
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
	ggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):					
_ a A	verage monthly value of securities	1a				
	verage monthly cash balances	1b				
_ c Fa	air market value of other non-exempt-use assets	1c				
	otal (add lines 1a, 1b, and 1c)	1d				
	iscount claimed for blockage or other factors explain in detail in Part VI):					
2 A	cquisition indebtedness applicable to non-exempt-use assets	2				
3 S	ubtract line 2 from line 1d.	3				
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions).	4				
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 M	ultiply line 5 by 0.035.	6				
	ecoveries of prior-year distributions	7				
8 M	inimum Asset Amount (add line 7 to line 6)	8				
Section	on C - Distributable Amount			Current Year		
1 A	djusted net income for prior year (from Section A, line 8, column A)	1				
	nter 0.85 of line 1.	2				
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3				
	nter greater of line 2 or line 3.	4				
	come tax imposed in prior year	5				
	istributable Amount. Subtract line 5 from line 4, unless subject to					
	mergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization		
_	(see instructions).					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		<u> </u>
	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
_ 3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
a b	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2022

d Excess from 2021 Excess from 2022

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Internal Revenue Service **Employer identification number** Name of the organization INSPIRE BRANDS FOUNDATION, INC 58-1692997 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

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).

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

Schedule B (Form 990) (2022)

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

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

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	\$ 505,816.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

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

art II	Noncach Proporty	(coo instructions	Lleo duplicato co	pies of Part II if additional	chaca is pooded
artii	Noncash Property	(See msuucions). Use duplicate co	pies of Part II il additional	space is needed.

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

Name of organization Employer identification number INSPIRE BRANDS FOUNDATION, INC. 58-1692997 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Nam	e of the organization		Employer identification number
INS	SPIRE BRANDS FOUNDATION, INC.		58-1692997
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds	or A	accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds		(b) Funds and other accounts
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 he	ld 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 gran		
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo		
	conferring impermissible private benefit?		
Pa	Int Conservation Easements.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (for example, recreation or education)	n of	a historically important land area
			a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in th	ne form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not o		
	a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or teleased, extinguished, extingui	mina	ated 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, inspec	ectio	n, handling of
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforci	ng co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	con	servation easements during the year
	Door park concernation appropriate and an line 2(d) above extinfutbe requirements of co	ati a n	470/h)/4)/D)/i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se		
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its		
9	balance sheet, and include, if applicable, the text of the footnote to the organization's		
	organization's accounting for conservation easements.	IIIIai	iciai statements that describes the
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	ner S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		, , , , , , , , , , , , , , , , , , ,
 1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reve	nue	statement and halance sheet works
ıa	of art, historical treasures, or other similar assets held for public exhibition, education service, provide in Part XIII the text of the footnote to its financial statements that describes	n, o	r research in furtherance of public se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or r provide the following amounts relating to these items:	esea	rch in furtherance of public service,
	(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	r as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:		
a h	Revenue included on Form 990, Part VIII, line 1		\$

Sched	lule D (Form 990) 2022 TNS	PTRE BRA	ANDS FOUN	DATTO	N INC				58-	-1692	997	Page 2
	rt Organizations Maintaini						r Other	Similar A				
3	Using the organization's acquisition											
	collection items (check all that appl	y):			·	,		Ü		J		
а	X Public exhibition	• /		d X	Loan	or exchang	e progra	m				
b	Scholarly research			e		J						
С	Preservation for future gener	rations			_							
4	Provide a description of the organ		ollections an	d expla	ain how t	hey furthe	r the or	ganization'	s exem	npt pur	ose	in Part
	XIII.			•		•		•				
5	During the year, did the organizatio	n solicit or	receive dona	ations o	f art, histo	orical treas	sures, or	other simil	ar			
	assets to be sold to raise funds rath									Y	es	X No
Pa	rt IV Escrow and Custodial A											
	Complete if the organiza	_		on For	m 990, F	art IV, lin	e 9, or r	eported a	n amo	unt on	Form	1
	990, Part X, line 21.							•				
1a	Is the organization an agent, trust	tee, custod	ian or other	interm	nediary fo	r contribu	itions or	other ass	ets not			
	included on Form 990, Part X?				-						es	No
b	If "Yes," explain the arrangement in										_	
	· · · · · · · ·		-		_				Amou	nt		
С	Beginning balance					10	;					
	Additions during the year						i					
е	Distributions during the year											
f	Ending balance					1f						
2a	Did the organization include an am	ount on Fo	rm 990, Part	X, line	21, for e	scrow or c	ustodial	account lia	ability?	Y	es	No
b	If "Yes," explain the arrangement in	n Part XIII.	Check here	if the ex	xplanation	has been	provided	on Part XII	١		[
	rt V Endowment Funds.											
	Complete if the organiza	ition answe	ered "Yes"	on For	m 990, F	Part IV, lin	e 10.					
		(a) Currer	nt year	(b) Prio	r year	(c) Two ye	ars back	(d) Three y	ears back	(e) F	our yea	rs back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage		ent year end	balance	e (line 1g,	column (a))) held as	:				
а	Board designated or quasi-endowm		%		, ,	` '	•					
b	Permanent endowment	%										
С	Term endowment %											
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the posses	sion of the o	rganiza	ition that	are held a	nd admir	nistered for	the			
	organization by:										Ye	s No
	(i) Unrelated organizations									. 3a(i)	
	(ii) Related organizations									. 3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizat	tions listed as	require	ed on Sch	edule R?.				. 3k)	
4	Describe in Part XIII the intended u		organization	's endo	wment fur	nds.						
Pa	rt VI Land, Buildings, and Equ	ipment.	orod "Voc"	on Ec	m 000 r	Port IV/ Iin	0 110 9	Soo Form	000 5	Part V	lina 1	۱۸
	Complete if the organiza		(a) Cost or othe			or other basis	_	cumulated	99U, F	ではて、 (d) Bool		IU.
	<u> </u>		(investmen			ther)		eciation		,-, 500		
1a	Land											

14,265. Schedule D (Form 990) 2022

14,265.

b Buildings c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

86,009.

71,744.

Schedule D (Form 990) 2022 INSPIRE BRANDS	FOUNDATION, 1	INC. 5	8-1692997	Page
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 90	00 Part IV line 11h See Form 990	Part X line	12
(a) Description of security or category	(b) Book value	(c) Method of valuation		12.
(including name of security)	. ,	Cost or end-of-year mark		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered	"Yes" on Form 99	00. Part IV. line 11c. See Form 990	. Part X. line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation	tion:	
-		Cost or end-of-year mark	ket value	
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered	"Yes" on Form 99	90, Part IV, line 11d. See Form 990	, Part X, line	15.
(a) Des	scription		(b) Book v	alue
<u>(1)</u>				
(2)				
<u>(3)</u>				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)	' 45 \			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)			
Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 90	00 Part IV line 11e or 11f See For	m 990 Part	X
line 25.	100 0111 01111 00	70, 1 dit 17, iiile 11e di 11i. dee 1 di	111 000, 1 dit.	Λ,
1. (a) Descrip	tion of liability		(b) Book v	alue
(1) Federal income taxes				
(2)				
(3)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	14,112,355.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 166,127.		
е	Add lines 2a through 2d	2e	1,509,535.
3	Subtract line 2e from line 1	3	12,602,820.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 50, 363.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	50,363.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,653,183.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ı	
1	Total expenses and losses per audited financial statements	1	14,217,130.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		0 856 041
е	Add lines 2a through 2d	2e	2,756,041.
3	Subtract line 2e from line 1	3	11,461,089.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7b. 4a 50,363.		
a	invocation exponess for included of the office of the transfer of the original ori		
b	Cutor (Bosonia in arcxiii.)	4c	50,363.
С 5	Add lines 4a and 4b	5	11,511,452.
_	XIII Supplemental Information.		11/011/101/
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

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

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, 2022, 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, 2019.

PART XI, LINE 2D

\$166,127 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME

PART XII, LINE 2D

\$166,127 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public

Name of the organization					Employer identification	on number	
INSPIRE BRANDS FOUNDATION, INC					58-169299		
Part I Fundraising Activities. Comp	•			Yes" on Form 99	00, Part IV, line 1	7.	
Form 990-EZ filers are not re	quired to comple	te this pa	ırt.				
1 Indicate whether the organization rais	ed funds through	any of the	following	activities. Check a	all that apply.		
a Mail solicitations	е	Solid	citation of r	non-government g	rants		
b Internet and email solicitations	f			government grants			
c Phone solicitations	g		-	ising events			
d In-person solicitations	9			.cg crome			
2a Did the organization have a written or	oral agraement w	vith any in	dividual (in	oluding officers d	irootore truetoes		
or key employees listed in Form 990,						Yes No	
b If "Yes," list the 10 highest paid indiv							
compensated at least \$5,000 by the		(Tarrana)	no) paroaa	in to agreement	andor winom and	Turidialour lo to bo	
• • • • • • • • • • • • • • • • • • • •	J						
		am 56			(v) Amount paid to		
(i) Name and address of individual	(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(ii) / totivity		outions?	from activity	fundraiser listed in col. (i)	organization	
		Yes	No		551. (1)		
1		163	INO				
'							
2						_	
2							
3							
3							
4							
4							
5							
_							
6							
_							
7							
8							
9							
10							
「otal							
3 List all states in which the organizat	ion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from	
registration or licensing.							
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL	ı						
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	ı						

Schedule G (Form 990) 2022 INSPIRE BRANDS FOUNDATION, INC 58-1692997 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 \$5,00	0.					
			(a) Event #1 PARTNER PROGRAM	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
4.			(event type)	(event type)	(total number)	col. (c))		
Jue								
Revenue	1	Gross receipts	4,148,934.			4,148,934.		
œ	2	Less: Contributions	3,925,979.			3,925,979.		
		Gross income (line 1 minus	3732373731			373237373		
		line 2)	222,955.			222,955.		
	4	Cash prizes						
	5	Noncash prizes	95.			95.		
S		Tronoccii prizocii i i i i i i i i i i i i i i i i i i	, , , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , , ,		
Direct Expenses	6	Rent/facility costs						
Ϋ́	7	Food and beverages	22,201.			22,201.		
뒳						,		
Ë	8	Entertainment	8,500.			8,500.		
	_	Other aline of some or a						
	9	Other direct expenses	135,331.			135,331.		
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		166,127.		
	11	Net income summary. Subtract I	ine 10 from line 3, col	umn (d)		56,828.		
Pa	rt III	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, lin	e 6a.	T				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
š				2go, p. og. occo 2go		(4) 3 (4)		
ፚ	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	2	Noncash prizes						
Ä	3	Noncasii prizes						
ect	4	Rent/facility costs						
Ë								
	5	Other direct expenses						
	_	Valuntaanlahan	Yes %					
	6	Volunteer labor	No	No No	No			
	7	Direct expense summary. Add lin	nes 2 through 5 in colu	umn (d)				
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)				
	_							
9		Enter the state(s) in which the org			222	N. D.		
 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 						Yes No		
•	. '	, oxpissiii						
	-							
10a		Nere any of the organization's gaminุ	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No		
k) l	f "Yes," explain:						

Sched	ule G (Form 990 or 990-EZ) 2022 INSPIRE BRANDS FOUNDATION, INC.	58-169299	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	S 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	s No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	1	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an	ıd	
	records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gam	ing	
	revenue?	Yes	s 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 ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	December of complete annual set by		
	Description of services provided ▶		
	Director/officer		
	Director/officer Employee Independent contractor		
47	Mandatory distributions:		
17	Is the organization required under state law to make charitable distributions from the gaming procee	de to	
а			s No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organization.		S NO
b	or spent in the organization's own exempt activities during the tax year > \$	1110115	
Par		and (v) and	
ı aı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		
	(see instructions).	miorination	
	(

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D		_					es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is ne	eeded.	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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	1,302,500.				MISSION SUPPORT
(2) SHARE OUR STRENGTH							
1030 15TH STREET NW, SUITE 1100W	52-1367538	501 (C) 3	1,065,601.				MISSION SUPPORT
(3) FOLDS OF HONOR FOUNDATION							
5800 N. PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501 (C) 3	531,030.				MISSION SUPPORT
(4) BIG BROTHERS BIG SISTERS OF AMERICA							
2502 ROCKY POINT DRIVE SUITE 550	23-1365190	501 (C) 3	400,000.				MISSION SUPPORT
(5) CLEVELAND BROWNS FOUNDATION							
76 LOU GROZA BLVD. BEREA, OH 44017	34-1885593	501 (C) 3	110,000.				MISSION SUPPORT
(6) PROJECT BACKBOARD							
53 CHRISTAMON S. IRVINE, CA 92620	47-5245280	501 (C) 3	108,399.				MISSION SUPPORT
(7) UNITED HEROES LEAGUE							
15211 RAVENNA TRAIL HASTINGS, MN 55033	27-0711063	501 (C) 3	106,700.				MISSION SUPPORT
(8) WORLD CENTRAL KITCHEN INCORPORATED							
200 MASSACHUSETTS AVE NW 7TH FLOOR	27-3521132	501 (C) 3	100,000.				MISSION SUPPORT
(9) MAKE-A-WISH FOUNDATION OF MICHIGAN							
7600 GRAND RIVER AVENUE, SUITE 175	38-2505812	501 (C) 3	94,200.				MISSION SUPPORT
(10) MIDWEST FOOD BANK NFP (INDIANA)							
6450 S. BELMONT AVE INDIANAPOLIS, IN 46217	41-2120170	501 (C) 3	85,000.				MISSION SUPPORT
(11) KIDS' FOOD BASKET							
1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	04-3760991	501 (C) 3	85,000.				MISSION SUPPORT
(12) THE SALVATION ARMY (BOYS & GIRLS CLUB OF SH							
2821 GREENWOOD ROAD SHREVEPORT, LA 71109	58-0660607	501 (C) 3	82,449.	510.			MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			259

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2022

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Name of the organization **Employer identification number** INSPIRE BRANDS FOUNDATION, INC. 58-1692997 **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 Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) BESTPREP 7100 NORTHLAND CIRCLE N. #306 41-1265355 501 (C) 3 81,200. MISSION SUPPORT (2) CITY OF REFUGE, INCORPORATED 1.372 1300 JOSEPH E. BOONE BLVD NW 58-2194642 501 (C) 3 78,100. MISSION SUPPORT (3) BOYS & GIRLS CLUBS OF GREATER HOUSTON 76-0270942 501 (C) 3 73,600. MISSION SUPPORT 815 CROSBY STREET HOUSTON, TX 77019 (4) COVENANT HOUSE FLORIDA (FT. LAUDERDALE) 59-2323607 733 BREAKERS AVENUE 501 (C) 3 73,400. MISSION SUPPORT (5) ALEX'S LEMONADE STAND FOUNDATION 333 E. LANCASTER AVE. #414 56-2496146 501 (C) 3 67,450. MISSION SUPPORT (6) BBBS OF GREATER PITTSBURGH, INC. 5989 CENTRE AVENUE, SUITE 1 25-6074707 501 (C) 3 60,300. MISSION SUPPORT (7) JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, IN 13241 UNIVERSITY DRIVE, SUITE #102 65-0503084 501 (C) 3 55,200. MISSION SUPPORT (8) BOYS & GIRLS CLUBS OF OKLAHOMA COUNTY, INC. 2915 N CLASSEN BLVD, SUITE 500 73-1472202 501 (C) 3 55,000. MISSION SUPPORT (9) BOYS & GIRLS CLUB OF MCALLEN, INC. 2620 W. GALVESTON AVE. MCALLEN, TX 78501 74-1553646 501 (C) 3 54,800. MISSION SUPPORT (10) HOPE MISSIONS 360, INC 1003 GATHER DRIVE LAWRENCEVILLE, GA 30043 82-1081974 501 (C) 3 50,000. MISSION SUPPORT (11) APF SUPPORT INC. (ATL POLICE FOUNDATION) 191 PEACHTREE STREET NE, SUITE 191 84-2208967 501 (C) 3 50,000. MISSION SUPPORT (12) ST. JOSEPH CATHOLIC ORPHAN SOCIETY 2823 FRANKFORT AVE. LOUISVILLE, KY 40206 61-0475286 | 501 (C) 3 50,000. MISSION SUPPORT

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

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

Schedule I (Form 990) 2022

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

2022

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

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

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

Inspection Employer identification number 58-1692997

Part I General Information on Grants ar	nd Assistanc	е					
1 Does the organization maintain records to	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grar	nts or assistand	e?					Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can l	e duplicated if a	additional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BLESSINGS IN A BACKPACK, INC. (ORLANDO CHAP							
D BOX 941068 MAITLAND, FL 32794	26-1964620	501 (C) 3	47,352.				MISSION SUPPORT
(2) ALIVE HOSPICE, INC.							
718 PATTERSON STREET NASHVILLE, TN 37203	62-0983550	501 (C) 3	46,000.				MISSION SUPPORT
(3) GOD'S PANTRY FOOD BANK, INC.							
685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 (C) 3	42,716.				MISSION SUPPORT
(4) MAKE-A-WISH FOUNDATION OF OREGON							
901 S MACADAM AVE., STE. 200	82-0385049	501 (C) 3	41,800.				MISSION SUPPORT
(5) ST. MARY'S FOOD BANK ALLIANCE							
831 N. 31ST AVENUE PHOENIX, AZ 85009-1518	23-7353532	501 (C) 3	40,700.				MISSION SUPPORT
(6) BOYS & GIRLS CLUB OF FARMINGTON							
925 POSITIVE WAY FARMINGTON, NM 87401	85-0161421	501 (C) 3	40,000.				MISSION SUPPORT
(7) OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, IN							
31 WEST MAIN STREET, SUITE E	73-1222182	501 (C) 3	37,500.				MISSION SUPPORT
(8) REGIONAL FOOD BANK OF OKLAHOMA, INC.							
355 SOUTH PURDUE AVENUE	73-1100380	501 (C) 3	36,568.				MISSION SUPPORT
(9) SECOND HARVEST FOOD BANK OF METROLINA							
00 B SPRATT ST. CHARLOTTE, NC 28206	56-1352593	501 (C) 3	35,900.				MISSION SUPPORT
0) BOYS & GIRLS CLUBS OF SOUTHERN NEVADA							
850 LINDELL RD LAS VEGAS, NV 89146-6815	88-0093150	501 (C) 3	35,199.				MISSION SUPPORT
1) DUKE UNIVERSITY (CHILDREN'S MIRACLE NTWK)							
00 W. MORGAN STREET SUITE 1000	87-0387205	501 (C) 3	33,500.				MISSION SUPPORT
2) BOYER CHILDREN'S CLINIC							
850 BOYER AVE. EAST SEATTLE, WA 98112	91-1316838	501 (C) 3	30,300.				MISSION SUPPORT

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

Schedule I (Form 990) 2022

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997					
Part I General Information on Grants an	d Assistanc	е									
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	its or assistand	e?					Yes No				
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.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) BBBS OF NORTHWEST FLORIDA INC.											
1320 CREIGHTON ROAD PENSACOLA, FL 32504	59-2996893	501 (C) 3	30,000.				MISSION SUPPORT				
(2) MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE											
600 HILL AVENUE SUITE 201	62-1833327	501 (C) 3	28,135.				MISSION SUPPORT				
(3) UNITED WAY OF CENTRAL OKLAHOMA, INC.											
P.O. BOX 248919 OKLAHOMA CITY, OK 73124	73-0589829	501 (C) 3	28,104.				MISSION SUPPORT				
(4) BOYS & GIRLS CLUBS OF THE TWIN CITIES											
690 JACKSON ST SAINT PAUL, MN 55130-4345	41-0842657	501 (C) 3	28,000.				MISSION SUPPORT				
(5) MORTGAGE MIRACLES FOR KIDS											
17848 SKY PARK CIRCLE, SUITE C	91-2160616	501 (C) 3	27,800.				MISSION SUPPORT				
(6) LOWCOUNTRY FOOD BANK											
2864 AZALEA DRIVE CHARLESTON, SC 29405	57-0751835	501 (C) 3	26,400.				MISSION SUPPORT				
(7) NORTHERN ILLINOIS FOOD BANK											
273 DEARBORN CT. GENEVA, IL 60134	36-3203648	501 (C) 3	26,228.				MISSION SUPPORT				
(8) BIG BROTHERS BIG SISTERS OF METRO ATLANTA,											
680 MURPHY AVENUE SW, SUITE 1090	58-0861895	501 (C) 3	26,000.	1,539.			MISSION SUPPORT				
(9) GIRL SCOUTS WESTERN OKLAHOMA, INC											
6100 N. ROBINSON AVE	73-0677849	501 (C) 3	25,500.				MISSION SUPPORT				
(10) THE POSSE FOUNDATION, INC. (POSSE ATLANTA)											
101 MARIETTA STREET, SUITE 1040	13-3840394	501 (C) 3	25,500.				MISSION SUPPORT				
(11) PEACE, INC. (BBBS OF ONONDAGA COUNTY)											
217 SOUTH SALINA STREET, 2ND FLOOR	16-6095039	501 (C) 3	25,200.				MISSION SUPPORT				
(12) AUTISM SPEAKS INC.											
1060 STATE ROAD, 2ND FLOOR	20-2329938	501 (C) 3	25,125.				MISSION SUPPORT				
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	_	_									

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

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants a	and Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistanc	e?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_			additional space is n		es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OKLAHOMA CONTEMPORARY ARTS CENTER, INC.							
P.O. BOX 3062 OKLAHOMA CITY, OK 73101	73-1334271	501 (C) 3	25,000.				MISSION SUPPORT
(2) THE DOWNTOWN JIMMIE HALE MISSION							
PO BOX 10472 BIRMINGHAM, AL 35202	63-0358757	501 (C) 3	25,000.				MISSION SUPPORT
(3) UMPS CARE CHARITIES INC.							
4185 CARVEL LANE EDGEWATER, MD 21037	47-2451505	501 (C) 3	25,000.				MISSION SUPPORT
(4) UTAH FOOD BANK							
3150 SOUTH 900 WEST	87-0212453	501 (C) 3	25,000.				MISSION SUPPORT
(5) THE QUINNEN WILLIAMS FOUNDATION							
715 BAKEWELL STREET COVINGTON, KY 41011	85-0652445	501 (C) 3	25,000.				MISSION SUPPORT
(6) OKLAHOMA CENTER FOR NONPROFITS							
720 WEST WILSHIRE BLVD., SUITE 115	73-1501645	501 (C) 3	25,000.				MISSION SUPPORT
(7) BOYS & GIRLS CLUB OF BARTLESVILLE							
401 S SEMINOLE AVE	73-0618201	501 (C) 3	25,000.				MISSION SUPPORT
(8) LIFELINE CHILDREN'S SERVICES							
100 MISSIONARY RIDGE BIRMINGHAM, AL 35242	63-0896878	501 (C) 3	25,000.				MISSION SUPPORT
(9) ATLANTA COMMUNITY FOOD BANK							
3400 N DESERT DR ATLANTA, GA 30344	58-1376648	501 (C) 3	25,000.				MISSION SUPPORT
(10) ROBERT W. WOODRUFF ARTS CENTER INC							
1280 PEACHTREE STREET NE ATLANTA, GA 30309	58-0633971	501 (C) 3	25,000.	2,775.			MISSION SUPPORT
(11) ATLANTA FIRE RESCUE FOUNDATION, INC.							
P.O. BOX 19045 ATLANTA, GA 31126	30-0245635	501 (C) 3	25,000.				MISSION SUPPORT
(12) BIG OAK RANCH, INC.							
250 JAKE MINTZ ROAD GADSDEN, AL 35905	23-7413017	501 (C) 3	25,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) an	d government	organizations lis	sted in the line 1 tal	ole			
	nd government	organizations lis	sted in the line 1 tal				MISSION S

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

Schedule I (Form 990) 2022

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

2022

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

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Internal Revenue Service	Got	o www.irs.gov/i	Form990 for the la	test information.			mapection
Name of the organization						Employer identificati	on number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	ts or assistand dures for mor	e?	of grant funds in the	e United States.			Yes No
	"	-					es on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can i	be duplicated if a	· · · · · · · · · · · · · · · · · · ·	eeaea.	_
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMONWEALTH OF KENTUCKY							
1050 US HIGHWAY 127 SOUTH STE 100	61-0600439	501 (C) 3	23,516.				MISSION SUPPORT
(2) SIOUX FALLS PUBLIC SCHOOLS EDUCATION FDN							
PO BOX 560 SIOUX FALLS, SD 57101	26-3537657	501 (C) 3	23,000.				MISSION SUPPORT
(3) SECOND HARVEST FOOD BANK OF NORTHEAST IN							
1020 JERICHO DRIVE KINGSPORT, TN 37663	62-1303822	501 (C) 3	22,300.				MISSION SUPPORT
(4) BOYS & GIRLS CLUBS OF SIOUXLAND, INC.							
823 PEARL ST SIOUX CITY, IA 51101-1904	42-0940032	501 (C) 3	21,600.				MISSION SUPPORT
(5) GEORGE WERDEN BUCK BOYS & GIRLS CLUB							
226 E CLINTON ST JOLIET, IL 60432-2855	36-2270044	501 (C) 3	21,400.				MISSION SUPPORT
(6) WEEKEND SURVIVAL KITS, INC.							
319 W. GRAND RIVER AVE	45-4444119	501 (C) 3	21,200.				MISSION SUPPORT
(7) CRISTO REY ATLANTA JESUIT HIGH SCHOOL, INC.							
222 PIEDMONT AVENUE NE ATLANTA, GA 30308	45-5550340	501 (C) 3	20,000.				MISSION SUPPORT
(8) MOUNTAIN CHILD ADVOCACY CENTER, INC.							
11 VANDERBILT PARK DRIVE, SUITE A	58-1828408	501 (C) 3	20,000.				MISSION SUPPORT
(9) OUR PLACE ART ORGANIZATION INC.							
PO BOX 5142 KNOXVILLE, TN 37928	90-1003720	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 STEWART FOUNDATION							
P. O. BOX 54680 ATLANTA, GA 30308	20-5918776	501 (C) 3	20,000.				MISSION SUPPORT
(12) NORMAN PUBLIC SCHOOL FOUNDATION							
131 S. FLOOD AVENUE NORMAN, OK 73069	73-1208845	501 (C) 3	20,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations lis	ted in the line	1 table					

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

Schedule I (Form 990) 2022

Department of the Treasury

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

OMB No. 1545-0047
2022

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

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Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	æ?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY FOOD BANK, INC.							
3003 SOUTH COUNTRY CLUB ROAD	51-0192519	501 (C) 3	20,000.				MISSION SUPPORT
(2) CISE (CATHOLIC INNER-CITY SCHOOLS EDU)							
100 EAST 8TH STREET,7TH FLOOR	82-0977523	501 (C) 3	19,900.				MISSION SUPPORT
(3) GENEROUS LIFE FOUNDATION							
1800 N. GERMANTOWN PKWY CORDOVA, TN 38016	31-1685087	501 (C) 3	18,200.				MISSION SUPPORT
(4) GEORGIA TECH ALUMNI ASSOCIATION, INC							
190 NORTH AVENUE NW ATLANTA, GA 30313	58-0634853	501 (C) 3	17,000.				MISSION SUPPORT
(5) CRISTO REY OKLAHOMA CITY CORP WORK STUDY PR							
900 N. PORTLAND AVENUE	81-4535139	501 (C) 3	17,000.				MISSION SUPPORT
(6) VOLUNTEER FLORIDA FOUNDATION INC.							
1545 RAYMOND DIEHL ROAD STE 250	01-0973168	501 (C) 3	16,700.				MISSION SUPPORT
(7) PACK PEOPLE OF ACTION CARING FOR KIDS INC.							
4 MALL TERRACE SAVANNAH, GA 31406	81-2615493	501 (C) 3	16,600.				MISSION SUPPORT
(8) SOUTHSIDE BOYS & GIRLS CLUB							
701 BERKLEY AVENUE EXT	54-0839152	501 (C) 3	16,500.				MISSION SUPPORT
(9) COMMON GROUND MONTGOMERY INC.							
1516 MOBILE ROAD MONTGOMERY, AL 36108	20-4172444	501 (C) 3	16,300.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS OF UTAH, INC.							
2121 SOUTH STATE STREET SUITE 201	87-0336168	501 (C) 3	16,100.				MISSION SUPPORT
(11) COVENANT HOUSE GREATER WASHINGTON							
2001 MISSISSIPPI AVENUE SE	13-3537709	501 (C) 3	16,000.				MISSION SUPPORT
(12) BBBS OF METROPOLITAN DETROIT							
2470 COLLINGWOOD, STE 218 DETROIT, MI 48206	38-6112533	501 (C) 3	15,600.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	nle			

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

Schedule I (Form 990) 2022

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Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047 2022

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Name of the organization Employer identification number INSPIRE BRANDS FOUNDATION, INC. 58-1692997 **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 Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) BOYS & GIRLS CLUB OF DANE COUNTY, INC. 1818 W BELTLINE HWY MADISON, WI 53713-2334 39-1925617 501 (C) 3 15,300. MISSION SUPPORT (2) LATINO COMMUNITY DEVELOPMENT AGENCY 420 SW 10TH ST. OKLAHOMA CITY, OK 73109 73-1424239 501 (C) 3 15,200. MISSION SUPPORT (3) URBAN LEAGUE OF GREATER OKLAHOMA CITY, INC. 73-0590037 501 (C) 3 15,000. MISSION SUPPORT 3900 N. MARTIN L. KING JR. AVE. (4) GLEANERS COMMUNITY FOOD BANK OF SE MICHIGAN 2131 BEAUFAIT STREET DETROIT, MI 48207 38-2156255 501 (C) 3 15,000. MISSION SUPPORT (5) AID TO DISTRESSED FAMILIES OF APP COUNTIES PO BOX 5953 OAK RIDGE, TN 37831 58-1727751 501 (C) 3 15,000. MISSION SUPPORT (6) NORTHWOOD CHILDREN'S HOME SOCIETY, INC. 714 W COLLEGE STREET DULUTH, MN 55811 41-0706108 501 (C) 3 15,000. MISSION SUPPORT (7) BLUE RIDGE AREA FOOD BANK (HARRISONBURG) 96 LAUREL HILL ROAD VERONA, VA 24482 52-1202644 501 (C) 3 15,000. MISSION SUPPORT (8) CATHOLIC COMMUNITY SERVICES OF UTAH 224 NORTH 2200 WEST 87-0212450 501 (C) 3 15,000. MISSION SUPPORT (9) THE ARC ANDERSON COUNTY 161-D1 ROBERTSVILLE RD P.O. BOX 4823 62-0715152 501 (C) 3 15,000. MISSION SUPPORT (10) CURE CHILDHOOD CANCER, INC. 200 ASHFORD CENTER N SUITE 250 58-1244138 501 (C) 3 15,000. MISSION SUPPORT (11) BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 39-0806292 501 (C) 3 15,000. 1558 NORTH 6TH STREET MILWAUKEE, WI 53212 MISSION SUPPORT (12) GENESEE COUNTY HABITAT FOR HUMANITY 101 BURTON STREET FLINT, MI 48503 38-2899387 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

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Attach to Form 990.

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Open to Public Inspection

Name of the organization **Employer identification number** INSPIRE BRANDS FOUNDATION, INC. 58-1692997 **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 Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) THE JOURNEY HOME, INC. P.O. BOX 331025 MURFREESBORO, TN 37133 20-5605975 501 (C) 3 15,000. MISSION SUPPORT (2) WORLD UNITED MINISTRY INC. 3010 MAGNOLIA AVE KNOXVILLE, TN 37914 83-2622885 501 (C) 3 14,700. MISSION SUPPORT (3) BOYS & GIRLS CLUBS OF GREATER HIGH POINT 56-2094591 501 (C) 3 14,600. MISSION SUPPORT 314 BARKER AVENUE HIGH POINT, NC 27262 (4) BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY 402 2ND STREET SNOHOMISH, WA 98290 91-0549511 501 (C) 3 14,200. MISSION SUPPORT (5) SER FAMILIA, INC. 1000 COBB PLACE BLVD SUITE170 35-2166123 501 (C) 3 13,500. MISSION SUPPORT (6) CROSSROADS COMMUNITY SERVICES, INC. 4500 SOUTH COCKRELL ROAD DALLAS, TX 75236 47-2676714 501 (C) 3 13,400. MISSION SUPPORT (7) MAKE-A-WISH FDN OF OH, KY & IN 2545 FARMERS DRIVE COLUMBUS, OH 43235 34-1471131 501 (C) 3 13,334 MISSION SUPPORT (8) SEC. HARVEST FOOD BANK OF MAHONING VALLEY 2805 SALT SPRINGS ROAD YOUNGSTOWN, OH 44509 34-1380074 501 (C) 3 13,250. MISSION SUPPORT (9) NILES COMMUNITY SERVICES, INC. 401 VIENNA AVENUE NILES, OH 44446 34-1464447 501 (C) 3 13,250. MISSION SUPPORT (10) GIANT STEPS OF ST LOUIS INC. 7281 SARAH STREET MAPLEWOOD, MO 63143 43-1671946 501 (C) 3 13,100. MISSION SUPPORT (11) ATLANTA COMMUNITY TOOLBANK 58-2363433 501 (C) 3 13,000. 410 ENGLEWOOD AVE SE ATLANTA, GA 30315 MISSION SUPPORT (12) BLUETRITON BRANDS, INC. DBA READYREFRESH PO BOX 856192 LOUISVILLE, KY 40285 94-3027237 | 501 (C) 3 12,942. MISSION SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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

OMB No. 1545-0047
2022

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Name of the organization							Employer identification number		
INSPIRE BRANDS FOUNDATION, INC.						58-1692997			
Part I General Information on Grants and	d Assistanc	е							
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?					Yes No		
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	. •		Yes" on Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) FAMILY SERVICES OF NW PA (BBBS)									
5100 PEACH STREET ERIE, PA 16509	25-0987225	501 (C) 3	12,900.				MISSION SUPPORT		
(2) BOYS & GIRLS CLUBS OF GREATER SAN DIEGO									
4635 CLAIREMONT MESA BLVD	95-1865988	501 (C) 3	12,882.				MISSION SUPPORT		
(3) UNITED WAY OF ASHEVILLE & BUNCOMBE CTY, INC									
50 SOUTH FRENCH BROAD AVENUE	56-0576157	501 (C) 3	12,800.				MISSION SUPPORT		
(4) FEEDING SOUTHWEST VIRGINIA (FSWVA)									
1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501 (C) 3	12,300.				MISSION SUPPORT		
(5) BOYS & GIRLS CLUBS OF LONG BEACH									
3635 LONG BEACH BLVD LONG BEACH, CA 90807	95-1643977	501 (C) 3	12,032.				MISSION SUPPORT		
(6) BIG BROTHERS BIG SISTERS OF CENTRAL OHIO, I									
1855 EAST DUBLIN-GRANVILLE RD.	31-4379429	501 (C) 3	12,000.				MISSION SUPPORT		
(7) BBBS OF NORTHWESTERN OH									
P.O. BOX 1369 TOLEDO, OH 43604	34-1396251	501 (C) 3	12,000.				MISSION SUPPORT		
(8) CARMACK BOULEVARD CHURCH OF CHRIST									
2111 CARMACK BLVD COLUMBIA, TN 38401	31-1594717	501 (C) 3	12,000.				MISSION SUPPORT		
(9) LODI BOYS AND GIRLS CLUB INC.									
275 POPLAR ST LODI, CA 95240-5938	94-1570121	501 (C) 3	11,700.				MISSION SUPPORT		
(10) BOYS & GIRLS CLUBS OF SILICON VALLEY									
518 VALLEY WAY MILPITAS, CA 95035-4106	94-1294898	501 (C) 3	11,600.				MISSION SUPPORT		
(11) JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC.									
4049 WOODCOCK DR. JACKSONVILLE, FL 32207	59-1021800	501 (C) 3	11,300.				MISSION SUPPORT		
(12) JUNIOR ACHIEVEMENT OF EASTERN NC, INC.									
4904 WATERS EDGE DRIVE CLAYTON, NC 27606	57-0725560	501 (C) 3	11,200.				MISSION SUPPORT		
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole					
3 Enter total number of other organizations lis	ted in the line	1 table							

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Schedule I (Form 990) 2022

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

OMB No. 1545-0047
2022

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Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		-					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 CENTRAL IOWA							
1421 WALKER ST DES MOINES, IA 50316-3471	42-6075138	501 (C) 3	11,200.				MISSION SUPPORT
(2) UTE CONFERENCE, INC.							
3550 S. MAIN ST. SALT LAKE CITY, UT 84115	87-0271884	501 (C) 3	11,100.				MISSION SUPPORT
(3) YOUNG MEN'S CHRISTIAN ASS OF ID FALLS							
155 NORTH CORNER AVENUE	82-0222174	501 (C) 3	11,000.				MISSION SUPPORT
(4) KINGDOM FIRST							
219 SHERBORNE DR. COLUMBUS, OH 43219	81-4446525	501 (C) 3	11,000.				MISSION SUPPORT
(5) COBB COUNTY SCHOOL DISTRICT							
1041 REED ROAD SMYRNA, GA 30082	58-6000214	501 (C) 3	10,820.				MISSION SUPPORT
(6) BIG BROTHERS BIG SISTERS OF DANE COUNTY, IN							
2059 ATWOOD AVENUE #2 MADISON, WI 53704	39-1077783	501 (C) 3	10,800.				MISSION SUPPORT
(7) BOYS & GIRLS CLUBS OF FRESNO COUNTY							
540 N AUGUSTA ST FRESNO, CA 93701-2352	94-1149171	501 (C) 3	10,634.				MISSION SUPPORT
(8) BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA							
1000 B CHERRY AVENUE	54-1602004	501 (C) 3	10,600.				MISSION SUPPORT
(9) CUNNINGHAM CHILDREN'S HOME							
1301 N. CUNNINGHAM AVENUE URBANA, IL 61802	37-0662521	501 (C) 3	10,500.				MISSION SUPPORT
(10) FOOD BANK NETWORK OF SOMERSET COUNTY, INC.							
PO BOX 149 BOUND BROOK, NJ 08805	22-2405550	501 (C) 3	10,400.				MISSION SUPPORT
(11) MUST MINISTRIES, INC							
1407 COBB PARKWAY NORTH MARIETTA, GA 30061	58-2034725	501 (C) 3	10,001.				MISSION SUPPORT
(12) OLENTANGY LOCAL SCHOOLS (SPECIAL OLYMPICS)							
7840 GRAPHICS WAY LEWIS CENTER, OH 43035	31-6402332	501 (C) 3	10,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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						Employer identificat	
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	9					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?					Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can l	e duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BREAKTHROUGH ATLANTA INC.							
4075 PACES FERRY ROAD NW ATLANTA, GA 30327	84-4725498	501 (C) 3	10,000.				MISSION SUPPORT
(2) BOYS & GIRLS CLUB OF ROCHESTER							
1026 E CENTER ST ROCHESTER, MN 55904	41-1945875	501 (C) 3	10,000.				MISSION SUPPORT
(3) HARBOR HOUSE OF LOUISVILLE, INC.							
2231 LOWER HUNTERS TRACE	61-1216323	501 (C) 3	10,000.				MISSION SUPPORT
(4) BBBS OF SAN DIEGO COUNTY							
4305 UNIVERSITY AVE., SUITE 590	95-2151526	501 (C) 3	10,000.				MISSION SUPPORT
(5) TENNESSEE FOOD ON FOOT FOUNDATION, INC							
# 1 BERKLINE DR P.O. BOX 2129	22-3969109	501 (C) 3	10,000.				MISSION SUPPORT
(6) CONCERNED CITIZENS FOR OUR YOUTH, INC							
1200 BEACON LANE JASPER, AL 35504	63-0640563	501 (C) 3	10,000.				MISSION SUPPORT
(7) HUNTSVILLE INNER CITY LEARNING CENTER, INC.							
2450 BRAHAN AVENUE HUNTSVILLE, AL 35805	20-5583934	501 (C) 3	10,000.				MISSION SUPPORT
(8) JUNIOR ACHIEVEMENT OF NORTHERN INDIANA, INC							
550 EAST WALLEN ROAD FORT WAYNE, IN 46825	35-0922731	501 (C) 3	10,000.				MISSION SUPPORT
(9) FRIENDS OF THE CHILDREN (NATIONAL OFFICE)							
44 NE MORRIS STREET PORTLAND, OR 97212	93-1300690	501 (C) 3	10,000.				MISSION SUPPORT
(10) THE FREEDOM CHILD FOUNDATION							
PO BOX 90146 HOUSTON, TX 77290	85-2953542	501 (C) 3	10,000.	687.			MISSION SUPPORT
(11) FEED SPOKANE							
1114 N. FANCHER SUITE 109	77-0669785	501 (C) 3	10,000.				MISSION SUPPORT
(12) BOYS & GIRLS CLUBS OF GREATER DALLAS INC.							
PO BOX 140189 DALLAS, TX 75214	75-1152657	501 (C) 3	10,000.				MISSION SUPPORT

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

OMB No. 1545-0047
2022

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INSPIRE BRANDS FOUNDATION, INC.						58-1692997			
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 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No		
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		-					res on Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) ALLIED ARTS OF OKLAHOMA, INC.									
1015 NORTH BROADWAY AVE SUITE 200	73-0804291	501 (C) 3	10,000.				MISSION SUPPORT		
(2) ANDERSON COUNTY SCHOOLS									
809 EAST TRI-COUNTY BLVD	62-6000474	501 (C) 3	10,000.				MISSION SUPPORT		
(3) HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA									
3760 FOWLER ST. FT. MYERS, FL 33901	59-2332120	501 (C) 3	10,000.				MISSION SUPPORT		
(4) BBBS OF NORTHEAST FLORIDA									
40 EAST ADAMS ST., SUITE 220	59-0683256	501 (C) 3	10,000.				MISSION SUPPORT		
(5) GEORGIA CENTER FOR NONPROFITS									
881 MEMORIAL DRIVE SE SUITE 1001	58-2554789	501 (C) 3	10,000.				MISSION SUPPORT		
(6) TIFT AREA YOUNG MENS CHRISTIAN ASSOCIATION									
1657 SOUTH CARPENTER ROAD TIFTON, GA 31793	58-2383631	501 (C) 3	10,000.				MISSION SUPPORT		
(7) CHILDREN'S MUSEUM OF ATLANTA									
275 CENTENNIAL OLYMPIC PARK DRIVE NW	58-1785484	501 (C) 3	10,000.				MISSION SUPPORT		
(8) GOOD360									
675 NORTH WASHINGTON STREET SUITE 330	54-1282616	501 (C) 3	10,000.				MISSION SUPPORT		
(9) BBBS OF SOUTHERN NEVADA, INC.									
2880B MEADE AVE., SUITE 250	51-0136847	501 (C) 3	10,000.				MISSION SUPPORT		
(10) HUNGER FIGHT, INC.									
2935 DAWN RD. JACKSONVILLE, FL 32207	46-1338834	501 (C) 3	10,000.				MISSION SUPPORT		
(11) FOOD BANK OF SIOUXLAND, INC.									
1313 11TH STREET SIOUX CITY, IA 51105	42-1381516	501 (C) 3	10,000.				MISSION SUPPORT		
(12) FEEDING AMERICA EASTERN WISCONSIN									
1700 W. FOND DU LAC AVENUE	39-1384593	501 (C) 3	10,000.				MISSION SUPPORT		
2 Enter total number of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tal	ble					
3 Enter total number of other organizations list	ted in the line	1 table							

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Schedule I (Form 990) 2022

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

OMB No. 1545-0047
2022

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INSPIRE BRANDS FOUNDATION, INC.	58-1692997								
Part I General Information on Grants and	d Assistanc	e							
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process Part II Grants and Other Assistance to D 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No		
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can	be duplicated if	additional space is r	needed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 METRO MILWAUKEE									
788 N JEFFERSON ST STE 600	39-1239687	501 (C) 3	10,000.				MISSION SUPPORT		
(2) NORTHERN ILLINOIS UNIVERSITY FOUNDATION									
134 ALTGELD HALL DEKALB, IL 60115	36-6086819	501 (C) 3	10,000.				MISSION SUPPORT		
(3) FLYER BASEBALL ASSOCIATION									
PO BOX 2914 CLARKSVILLE, TN 37042	36-4901118	501 (C) 3	10,000.				MISSION SUPPORT		
(4) DREAM CENTER EVANSVILLE									
16 W. MORGAN AVENUE EVANSVILLE, IN 47710	35-2061699	501 (C) 3	10,000.				MISSION SUPPORT		
(5) JUNIOR ACHIEVEMENT OF NORTHWESTERN OH, INC.									
1645 INDIAN WOOD CIRCLE - SUITE 104	34-4430363	501 (C) 3	10,000.				MISSION SUPPORT		
(6) THE LITERACY LAB									
384 NORTHYARDS BOULEVARD NORTHWEST BUILDING	27-1777117	501 (C) 3	10,000.				MISSION SUPPORT		
(7) GENTRY'S EDU CENTER AT THE STORE FRONT, INC.									
4221 WARREN ROAD FRANKLIN, TN 37067	27-1202003	501 (C) 3	10,000.				MISSION SUPPORT		
(8) BOYS & GIRLS CLUBS OF CENTRAL TEXAS, INC.									
703 N 8TH ST KILLEEN, TX 76541	26-2132885	501 (C) 3	10,000.				MISSION SUPPORT		
(9) BOYS & GIRLS CLUB OF LAWRENCE									
2910 HASKELL AVE LAWRENCE, KS 66046-4942	23-7296824	501 (C) 3	10,000.				MISSION SUPPORT		
(10) HIGHWAY 80 RESCUE MISSION									
3123 W. MARSHALL AVENUE P.O. BOX 3223	23-7112088	501 (C) 3	10,000.				MISSION SUPPORT		
(11) MUSTARD SEED RANCH									
PO BOX 3814 COOKEVILLE, TN 38502	20-5349572	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 of	organizations lis	sted in the line 1 ta	ole					

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

OMB No. 1545-0047
2022

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Name of the organization							Employer identification number		
INSPIRE BRANDS FOUNDATION, INC.						58-1692997			
Part I General Information on Grants a	nd Assistanc	е							
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	nts or assistand	e?					Yes No		
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) CROSSBRIDGE, INC.									
335 MURFREESBORO PIKE NASHVILLE, TN 37210	16-1755991	501 (C) 3	10,000.				MISSION SUPPORT		
(2) BOYS & GIRLS CLUB OF PORTAGE COUNTY									
941 MICHIGAN AVE	73-1630506	501 (C) 3	9,900.				MISSION SUPPORT		
(3) BOYS & GIRLS CLUBS OF NORTHEASTERN PA									
609 ASH ST SCRANTON, PA 18510	24-0796420	501 (C) 3	9,800.				MISSION SUPPORT		
(4) CENTRAL PENNSYLVANIA FOOD BANK									
3301 WAHOO DRIVE WILLIAMSPORT, PA 17701	23-2202250	501 (C) 3	9,800.				MISSION SUPPORT		
(5) CHILDREN'S HOME SOCIETY OF WEST VA, INC.									
1422 KANAWHA BOULEVARD CHARLESTON, WV 25301	55-0360199	501 (C) 3	9,600.				MISSION SUPPORT		
(6) BBBS OF VENTURA COUNTY, INC									
555 AIRPORT WAY SUITE D CAMARILLO, CA 93010	20-3425568	501 (C) 3	9,600.				MISSION SUPPORT		
(7) C5 YOUTH FOUNDATION OF GEORGIA, INC.									
7 DUNWOODY PARK SUITE 103 ATLANTA, GA 30338	26-2498817	501 (C) 3	9,500.	2,852.			MISSION SUPPORT		
(8) FEEDING SOUTH DAKOTA (RAPID CITY)									
4701 N. WESTPORT AVE SIOUX FALLS, SD 57701	36-3293534	501 (C) 3	9,500.				MISSION SUPPORT		
(9) MAKE-A-WISH FOUNDATION OF ALABAMA									
1 PERIMETER PARK SOUTH, SUITE 100S	63-0943675	501 (C) 3	9,458.				MISSION SUPPORT		
(10) BOYS & GIRLS CLUBS OF THE ROGUE VALLEY									
203 SE 9TH ST GRANTS PASS, OR 97526	93-0588108	501 (C) 3	9,400.				MISSION SUPPORT		
(11) FRIENDLY HOUSE OF DAVENPORT IOWA									
1221 MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501 (C) 3	9,400.				MISSION SUPPORT		
(12) MAKE-A-WISH FOUNDATION OF THE MID-SOUTH									
1780 MORIAH WOODS BLVD. MEMPHIS, TN 38117	62-1253153	501 (C) 3	9,300.				MISSION SUPPORT		
2 Enter total number of section 501(c)(3) and	-	-							
3 Enter total number of other organizations li	sted in the line	1 table							

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

Schedule I (Form 990) 2022

2E1288 1.000

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants an	d Assistanc	е				'	
 Does the organization maintain records to set the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to Example 1 	ts or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can l	oe duplicated if a	additional space is n	ieeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BBBS OF CT, INC.							
30 LAUREL STREET, SUITE 3	06-0850379	501 (C) 3	9,200.				MISSION SUPPORT
(2) B & G CLUB OF WEST SAN GABRIEL VALLEY							
328 S. RAMONA AVE MONTEREY PARK, CA 91754	95-2782501	501 (C) 3	9,092.				MISSION SUPPORT
(3) ERIN'S HOUSE FOR GRIEVING CHILDREN							
5670 YMCA PARK DRIVE	35-1884264	501 (C) 3	9,000.				MISSION SUPPORT
(4) PARKER STREET MINISTRIES, INC.							
719 N MASSACHUSETTS AVE LAKELAND, FL 33801	59-3579886	501 (C) 3	8,800.				MISSION SUPPORT
(5) GOLDEN HARVEST FOOD BANK							
3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501 (C) 3	8,800.				MISSION SUPPORT
(6) BOYS & GIRLS CLUB OF ROCKFORD							
1040 N 2ND ST #1 ROCKFORD, IL 61107	36-2167840	501 (C) 3	8,550.				MISSION SUPPORT
(7) BBBS OF EAST CENTRAL WISCONSIN							
1331 AMERICAN DRIVE NEENAH, WI 54956	39-6103907	501 (C) 3	8,500.				MISSION SUPPORT
(8) BBBS OF FLINT AND GENESEE COUNTY							
1176 ROBERT T. LONGWAY BLVD FLINT, MI 48503	38-2259541	501 (C) 3	8,500.				MISSION SUPPORT
(9) BBBS OF NORTHEAST WISCONSIN							
520 N. BROADWAY ST. SUITE 220	39-1274696	501 (C) 3	8,500.				MISSION SUPPORT
(10) GREATER MIDLAND COMMUNITY CENTERS, INC.							
2205 S JEFFERSON AVE MIDLAND, MI 48640	38-1534400	501 (C) 3	8,407.				MISSION SUPPORT
(11) BOYS & GIRLS CLUBS OF WESTERN NEVADA, INC.							
1870 RUSSELL WAY CARSON CITY, NV 89706	88-0269139	501 (C) 3	8,300.				MISSION SUPPORT
(12) BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE							
100 S. SPRING, SUITE 280	46-0399482	501 (C) 3	8,263.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	•	•	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	tad in the line	1 tahla					

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Schedule I (Form 990) 2022

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

OMB No. 1545-0047
2022

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Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to D		_					es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is n	eeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOYS AND GIRLS CLUBS OF GREATER SALT LAKE							
179 E. 5065 S. MURRAY, UT 84157	87-0304654	501 (C) 3	8,200.				MISSION SUPPORT
(2) BOYS & GIRLS CLUBS OF THE WIREGRASS							
457 S ALICE ST DOTHAN, AL 36301-2419	63-0422560	501 (C) 3	8,150.				MISSION SUPPORT
(3) CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION							
1575 NORTHEAST EXPRESSWAY NE	58-1710601	501 (C) 3	8,000.				MISSION SUPPORT
(4) FOOD BANK OF EASTERN MICHIGAN							
2300 LAPEER ROAD FLINT, MI 48503	38-2379678	501 (C) 3	8,000.				MISSION SUPPORT
(5) BOYS & GIRLS CLUB OF ELGIN, INC.							
355 DUNDEE AVE. ELGIN, IL 60120	36-3832212	501 (C) 3	8,000.				MISSION SUPPORT
(6) BBBS OF ORANGE COUNTY							
1801 E EDINGER, STE 101 SANTA ANA, CA 92705	95-1992702	501 (C) 3	7,900.				MISSION SUPPORT
(7) LITTLE LIGHTHOUSE, INC.							
5120 E 36TH ST TULSA, OK 74135	73-0939422	501 (C) 3	7,800.				MISSION SUPPORT
(8) ERLANGER HEALTH SYSTEM FOUNDATION							
975 EAST THIRD STREET, SUITE B-508	58-1664027	501 (C) 3	7,800.				MISSION SUPPORT
(9) BBBS OF THE TENNESSEE VALLEY							
303 WILLIAMS AVE SW, SUITE 123	63-0833364	501 (C) 3	7,700.				MISSION SUPPORT
(10) BBBS OF CEDAR RAPIDS & EAST CEDAR RAPIDS							
3150 E AVE NW - SUITE 103	42-1170475	501 (C) 3	7,600.				MISSION SUPPORT
(11) FIGHT WITH AUSTIN FLASH SCHROEDER FDN							
2920 DIAMOND MIL CIR CORALVILLE, IA 52241	47-5360520	501 (C) 3	7,600.				MISSION SUPPORT
(12) MADONNA SCHOOL & COMMUNITY-BASED SERVICES							
6402 N. 71ST PLAZA OMAHA, NE 68104	47-0491332	501 (C) 3	7,600.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tal	ole			

Schedule I (Form 990) 2022

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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Open to Public Inspection

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the grad Describe in Part IV the organization's process. 	nts or assistand edures for mor	e? nitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_			-		es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOLIDARITY SANDY SPRINGS INC.							
115 HIGH POINT WALK SANDY SPRINGS, GA 30342	85-0664525	501 (C) 3	7,500.	540.			MISSION SUPPORT
(2) FEEDING TAMPA BAY							
4702 TRANSPORT DRIVE, BLDG 6	59-2116576	501 (C) 3	7,500.				MISSION SUPPORT
(3) MICHAEL WILKINSON FOUNDATION							
6031 W. I-20 SUITE 242 ARLINGTON, TX 76017	81-4737388	501 (C) 3	7,500.				MISSION SUPPORT
(4) KETTERING YOUTH FOOTBALL AND CHEER ORG							
P.O. BOX 292054 DAYTON, OH 45429	51-0180756	501 (C) 3	7,500.				MISSION SUPPORT
(5) SARAH HEINZ HOUSE ASSOCIATION							
ONE HEINZ STREET PITTSBURGH, PA 15212-5920	25-0965390	501 (C) 3	7,490.				MISSION SUPPORT
(6) B & G CLUBS OF THE GREATER CHIPPEWA VALLEY							
1005 OXFORD AVE EAU CLAIRE, WI 54703-5347	39-2032491	501 (C) 3	7,250.				MISSION SUPPORT
(7) REAL LIFE CHILDREN'S RANCH, INC.							
7777 US HIGHWAY 441 SE OKEECHOBEE, FL 34974	59-6173061	501 (C) 3	7,200.				MISSION SUPPORT
(8) BOYS & GIRLS CLUBS OF SOUTH COUNTY							
847 ENCINA AVE IMPERIAL BCH, CA 91932-2135	95-3667707	501 (C) 3	7,182.				MISSION SUPPORT
(9) SPECIAL OLYMPICS VIRGINIA, INC.							
3212 SKIPWITH RD., SUITE 100	54-1013637	501 (C) 3	7,100.				MISSION SUPPORT
(10) FOOD BANK OF NORTHWEST INDIANA							
6490 BROADWAY MERRILLVILLE, IN 46410	35-1528285	501 (C) 3	7,092.				MISSION SUPPORT
(11) ATLANTA CHARITY CLAYS, INC.							
1000 NORTHFIELD CT., SUITE 120	47-2835630	501 (C) 3	7,000.				MISSION SUPPORT
(12) MAKE-A-WISH FDN OF CENTRAL & SOUTH TEXAS							
2224 WALSH TARLTON LANE AUSTIN, TX 78746	74-2357788	501 (C) 3	7,000.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations li	sted in the line	: 1 table					

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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Employer identification number

INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants ar	nd Assistanc	е					
1 Does the organization maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grar	nts or assistand	e?					Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient		•					,
·		T		· ·	·		(h) Dumana of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDRENS SERVICE SOCIETY OF WISCONSIN							
P.O. BOX 1997, M.S. 3050	39-0806380	501 (C) 3	7,000.				MISSION SUPPORT
(2) MID-OHIO FOOD BANK							
3960 BROOKHAM DR. GROVE CITY, OH 43123	31-0865343	501 (C) 3	7,000.				MISSION SUPPORT
(3) BOYS & GIRLS CLUB OF SOUTHWEST VIRGINIA							
1714 9TH ST SE ROANOKE, VA 24013-2714	54-1867366	501 (C) 3	6,900.				MISSION SUPPORT
(4) AT THE CORE							
4903 E. PEONE PINES DR. MEAD, WA 99021	46-2937061	501 (C) 3	6,800.				MISSION SUPPORT
(5) YMCA OF ROCK RIVER VALLEY							
200 Y BOULEVARD ROCKFORD, IL 61107	36-2174838	501 (C) 3	6,750.				MISSION SUPPORT
(6) BBBS OF HARRISONBURG-ROCKINGHAM							
225 NORTH HIGH STREET	51-0209104	501 (C) 3	6,700.				MISSION SUPPORT
(7) CULTIVATE CULINARY SCHOOL & CATERING INC.							
1403 PRAIRIE AVENUE SOUTH BEND, IN 46613	81-3306113	501 (C) 3	6,600.				MISSION SUPPORT
(8) BOYS & GIRLS CLUBS OF BELLEVUE							
209 100TH AVE NE BELLEVUE, WA 98004	91-0776451	501 (C) 3	6,500.				MISSION SUPPORT
(9) NEW MEXICO BOYS AND GIRLS RANCHES INC							
6209 HENDRIX AVE. NE, SUITE 2	85-0125610	501 (C) 3	6,500.				MISSION SUPPORT
(10) BIG BROTHERS BIG SISTERS LINCOLN							
2124 Y STREET FLAT 210 LINCOLN, NE 68503	47-0794732	501 (C) 3	6,500.				MISSION SUPPORT
(11) BIG BROTHERS BIG SISTERS OF NEW YORK CITY							
40 RECTOR STREET, 11TH FLOOR	13-5600383	501 (C) 3	6,500.				MISSION SUPPORT
(12) B & G CLUBS OF STANISLAUS COUNTY, INC.							
819 17TH STREET SUTIE 300	45-5034180	501 (C) 3	6,435.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	-					

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

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2022

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						' '	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?				s or assistance, and	Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	nat received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is n	ieeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 NORTH DAKOTA							
4143 26TH AVENUE SOUTH, SUITE 104	45-0393770	501 (C) 3	6,404.				MISSION SUPPORT
(2) GREATER CHICAGO FOOD DEPOSITORY							
4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501 (C) 3	6,380.				MISSION SUPPORT
(3) BIG BROTHERS BIG SISTERS OF NORTHWESTERN WI							
424 GALLOWAY ST EAU CLAIRE, WI 54703	23-7311200	501 (C) 3	6,250.				MISSION SUPPORT
(4) BBBS OF SOUTH ALABAMA, INC.							
3 SOUTH ROYAL ST STE 300 MOBILE, AL 36602	61-1683905	501 (C) 3	6,000.				MISSION SUPPORT
(5) MAKE-A-WISH FOUNDATION OF WISCONSIN							
11020 WEST PLANK COURT, SUITE 200	39-1543541	501 (C) 3	6,000.				MISSION SUPPORT
(6) THE HERITAGE PROJECTS							
57 JEFFERSON AVENUE SUITE 202	85-0718939	501 (C) 3	6,000.				MISSION SUPPORT
(7) THE STOREHOUSE FOOD PANTRY							
607 HICKERSON STREET MANCHESTER, TN 37355	84-3239885	501 (C) 3	6,000.				MISSION SUPPORT
(8) AUSTIN WADE FOUNDATION							
210 SCOUT CABIN ROAD CARTERVILLE, IL 62918	46-0607734	501 (C) 3	6,000.				MISSION SUPPORT
(9) EASTERN ILLINOIS FOODBANK							
2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501 (C) 3	6,000.				MISSION SUPPORT
(10) CENTRAL ILLINOIS FOODBANK							
1937 E. COOK STREET SPRINGFIELD, IL 62791	37-1106465	501 (C) 3	6,000.				MISSION SUPPORT
(11) MANNA CAFE MINISTRIES							
1960-J MADISON ST #312	27-1699146	501 (C) 3	6,000.				MISSION SUPPORT
(12) THE LOVE KITCHEN, INC.							
2418 MARTIN LUTHER KING JR. AVENUE	62-1448193	501 (C) 3	5,900.				MISSION SUPPORT

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

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Name of the organization						Employer identificat	ion number
INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BBBS OF CENTRAL IOWA, INC.							
9051 SWANSON BLVD CLIVE, IA 50325	42-1184999	501 (C) 3	5,800.				MISSION SUPPORT
(2) BOYS & GIRLS CLUBS OF THE VALLEY, INC.							
4309 E. BELLEVIEW ST. BLDG. 14	86-0550646	501 (C) 3	5,791.				MISSION SUPPORT
(3) BOYS & GIRLS CLUBS OF BUFFALO, INC.							
282 BABCOCK ST BUFFALO, NY 14210-1541	16-0849516	501 (C) 3	5,741.				MISSION SUPPORT
(4) B & G CLUBS OF CUMBERLAND COUNTY, INC.							
3475 CUMBERLAND ROAD FAYETTEVILLE, NC 28306	56-0896317	501 (C) 3	5,700.				MISSION SUPPORT
(5) MID-AMERICA COUNCIL BOY SCOUT TRUST, INC							
12401 W. MAPLE ROAD OMAHA, NE 68164	47-0376545	501 (C) 3	5,700.				MISSION SUPPORT
(6) SMITH CTY EMER SHELTER FOR WOMEN & CHILDREN							
703 MAIN STREET NORTH PO BOX 561	26-2709430	501 (C) 3	5,700.				MISSION SUPPORT
(7) ARKANSAS CHILDREN'S FOUNDATION							
1 CHILDREN'S WAY LITTLE ROCK, AR 72202	71-0568795	501 (C) 3	5,700.				MISSION SUPPORT
(8) B & G CLUBS OF DURHAM & ORANGE COUNTIES							
1010 MARTIN LUTHER KING, JR. PARKWAY	56-6001906	501 (C) 3	5,700.				MISSION SUPPORT
(9) BOYS & GIRLS CLUBS OF CENTRAL CAROLINA, INC							
1414 BRAGG STREET SANFORD, NC 27330-4114	56-1923703	501 (C) 3	5,700.				MISSION SUPPORT
(10) GIRL SCOUTS SPIRIT OF NEBRASKA							
2121 S 44TH STREET OMAHA, NE 68105	47-0432299	501 (C) 3	5,700.				MISSION SUPPORT
(11) JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC							
6100 GRAND AVENUE DES MOINES, IA 50312	42-0759070	501 (C) 3	5,600.				MISSION SUPPORT
(12) SCISSORTAIL PARK FOUNDATION, INC.							
301 WEST RENO AVENUE	81-1857531	501 (C) 3	5,600.				MISSION SUPPORT
2 Enter total number of section 501(c)(3) and	_	-					
3 Enter total number of other organizations lis	ted in the line	1 table					

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

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Employer identification number

Internal Revenue Service

Name of the organization

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INSPIRE BRANDS FOUNDATION, INC.						58-1692997	
Part I General Information on Grants ar	nd Assistanc	e					
 Does the organization maintain records to see the selection criteria used to award the grant in Part IV the organization's process. 	nts or assistand	e?					Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF WESTERN NEBRASKA							
1517 BROADWAY, SUITE 106	47-0424788	501 (C) 3	5,600.				MISSION SUPPORT
(2) BOYS & GIRLS CLUBS OF THE BLUE RIDGE, INC.							
311 EAST CHURCH STREET SUITE B	26-3166453	501 (C) 3	5,600.				MISSION SUPPORT
(3) CORPORATE VOLUNTEER COUNCIL OF ATLANTA							
PO BOX 170069 ATLANTA, GA 31117	58-2054790	501 (C) 3	5,500.				MISSION SUPPORT
(4) HERRIN COMMUNITY UNIT SCHOOL DISTRICT							
5200 HERRIN RD. HERRIN, IL 62948	37-0857505	501 (C) 3	5,300.				MISSION SUPPORT
(5) SPECIAL OLYMPICS OHIO INC.							
2879 JOHNSTOWN ROAD COLUMBUS, OH 43219	51-0183468	501 (C) 3	5,250.				MISSION SUPPORT
(6) GREATER GRAND FORKS YOUTH FOOTBALL ASSOC							
PO BOX 13810 GRAND FORKS, ND 58208	45-0441687	501 (C) 3	5,167.				MISSION SUPPORT
(7) WYOMING FOOD BANK OF THE ROCKIES							
5150 RESERVE DR EVANSVILLE, WY 82636	84-0772672	501 (C) 3	5,100.				MISSION SUPPORT
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lie	•	•	sted in the line 1 tal	ble			

58-1692997

(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.

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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number INSPIRE BRANDS FOUNDATION, INC. 58-1692997 Part I Questions Regarding Compensation

4 -			Yes	No
та	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Personal services (such as maid, chadned, cher)			
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	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
•	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a	Х	
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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	7	X	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

58-1692997

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)	171,188.	45,063.		9,171.	28,445.	253,867.	NONE
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EMILY CRAWFORD	(i)	126,742.	24,720.		6,225.	10,641.	168,328.	NONE
2 DIRECTOR OF IMPACT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RYAN VAN SICKLE	(i)	135,471.	25,750.		5,771.	24,681.	191,673.	NONE
3 DIRECTOR OF OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

58-1692997

Part | 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. COMPENSATION STUDY WAS CONDUCTED IN DECEMBER 2022, AND EXECUTIVE DIRECTOR'S COMPENSATION WILL BE ADJUSTED IN 2023 BASED ON THE FINDINGS. 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.

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

2022

Open To Public Inspection

Employer identification number Name of the organization INSPIRE BRANDS FOUNDATION, INC. 58-1692997 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 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. (g) In default? (h) Approved (i) Written (b) Relationship (f) Balance due (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original agreement? with organization Ioan from the principal amount by board or organization? committee? 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 (c) Amount of (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2) (3)(4)(5)(6)(7)

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

Schedule L (Form 990) 2022

(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	organi	aring of ization's nues?
				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, 2022, THE OUTSTANDING BALANCE WAS \$450,000 AND IS TO BE PAID \$150,000 PER YEAR THROUGH 2025.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

58-1692997

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

PART VI, SECTION A, LINE 1A

INSPIRE BRANDS FOUNDATION, INC.

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)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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.		58-1692	2997			
			_			
FORM 990, PART III, LINE 4D - OTHER PROGRAM	M SERVICES					
	=======					
DESCRIPTION	GRANTS	EXPENSES	REVENUE			
OTHER PROGRAM SERVICES	6,104,258.	6,795,998.				
TOTALS	6,104,258.	6,795,998.				

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

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,

Part I

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number
58-1692997

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		F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the state of the s	Complete if th	ie org	anization answ	vered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activi	ity	(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Schedule R (Form 990) 2022

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		oounity)					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)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	ity?
(1) INSPIRE BRANDS, INC. 13-3760393 THREE GLENLAKE PARKWAY ATLANTA, GA 30328	RESTAURANT	DE	N/A	C-CORP	NONE	NONE		Х
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Not	e: 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?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Χ					
	Gift, grant, or capital contribution to related organization(s)	1b		Χ					
	Gift, grant, or capital contribution from related organization(s)	1c	Х						
	Loans or loan guarantees to or for related organization(s)	1d		Χ					
	Loans or loan guarantees by related organization(s)	1e		Χ					
f	Dividends from related organization(s)	1f		Χ					
	ale of assets to related organization(s)								
	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
_									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х						
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X					
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х						
	o Sharing of paid employees with related organization(s)								
	0 1 1 , 0 (,								
p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses	1q		Х					
•									
r	Other transfer of cash or property to related organization(s)	1r	Х						
s	Other transfer of cash or property from related organization(s)								
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 three	shold	s.						
	(a) (b) (c)	(d)							
	Name of related organization Transaction Amount involved Method type (a - s) amou	of dete int inv		g					
	7,1- ()								
(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	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII

Supplemental Information

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