

INSPIRE BRANDS FOUNDATION, INC.  
INSTRUCTIONS FOR FILING  
FORM 8879-TE  
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990  
FOR THE YEAR ENDED DECEMBER 31, 2023

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, 2024. 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.



**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2023, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**2023**

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer INSPIRE BRANDS FOUNDATION, INC. EIN or SSN 58-1692997

Name and title of officer or person subject to tax  
COURTNEY LOWE, VP TREASURY

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . . .	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>17489190.</u>
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Courtney Lowe Date 11/15/2024

**Part III Certification and Authentication**

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

67882792074  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Marc A. Ayer Date 11/15/2024

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

Return of Organization Exempt From Income Tax

2023

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form header section A-M containing organization details, tax-exempt status, and website information.

Part I Summary

Table with 22 rows detailing financial and governance information, including mission statement, revenue, expenses, and net assets.

Part II Signature Block

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

Signature block section containing officer and preparer signatures, names, titles, and dates.

May the IRS discuss this return with the preparer shown above? See instructions.

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code: ) (Expenses \$ 2,620,000. including grants of \$ 2,620,000. ) (Revenue \$ )

DONORSCHOOSE: WE MAKE IT EASY FOR ANYONE TO HELP A TEACHER IN NEED, MOVING US CLOSER TO A NATION WHERE STUDENTS IN EVERY COMMUNITY HAVE THE TOOLS AND EXPERIENCES THEY NEED FOR A GREAT EDUCATION.

4b (Code: ) (Expenses \$ 1,930,780. including grants of \$ 1,930,780. ) (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.

4c (Code: ) (Expenses \$ 1,050,533. including grants of \$ 1,050,533. ) (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.

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

(Expenses \$ 9,964,880. including grants of \$ 8,498,745. ) (Revenue \$ )

4e Total program service expenses 15,566,193.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			X
<b>b</b>	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> . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			X
<b>b</b>	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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>			
<b>15</b>	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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . . If "Yes," complete Form 6069.	<b>17</b>			



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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

RYAN VAN SICKLE THREE GLENLAKE PARKWAY ATLANTA, GA 30328
678-514-4100

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART BROWN EXECUTIVE DIRECTOR	40.00 NONE			X			235,260.	NONE	40,259.	
(2) RYAN VAN SICKLE SR. DIRECTOR OF OPERATIONS	40.00 NONE					X	193,617.	NONE	33,131.	
(3) EMILY CRAWFORD DIRECTOR OF IMPACT	40.00 NONE					X	166,336.	NONE	17,561.	
(4) KRISTIN LUTCH ACCOUNTING MANAGER	40.00 NONE					X	141,677.	NONE	5,647.	
(5) CATHERINE STRANBERG IMPACT MANAGER	40.00 NONE					X	116,286.	NONE	15,547.	
(6) CHRIS FULLER CHAIRMAN	2.00 40.00	X		X			NONE	NONE	NONE	
(7) CHRIS HELD SECRETARY	2.00 40.00	X		X			NONE	NONE	NONE	
(8) PATTY TUCKER TRUSTEE	1.00 NONE	X		X			NONE	NONE	NONE	
(9) DAVID POWELL TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(10) JAMES NORTH TRUSTEE	1.00 40.00	X					NONE	NONE	NONE	
(11) MARSHALL FREEMAN TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(12) ED BAKER TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(13) BILL BOLLING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(14) TRAVIS MURPHY TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) CHARLIE MORGAN ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 16 ) RENEE DUCRE ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 17 ) KAREN BREMER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 18 ) COURTNEY LOWE ----- VP TREASURY	2.00 ----- 40.00	X		X				NONE	NONE	NONE
( 19 ) JOHN BOWIE ----- TRUSTEE	1.00 ----- 40.00	X						NONE	NONE	NONE
( 20 ) RITA PATEL ----- TRUSTEE	1.00 ----- 40.00	X						NONE	NONE	NONE
( 21 ) TANISHIA BEACHAM ----- TRUSTEE	1.00 ----- 40.00	X						NONE	NONE	NONE
( 22 ) JOHN KELLY ----- TRUSTEE	1.00 ----- 40.00	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .							853,176.	NONE	112,145.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							853,176.	NONE	112,145.	

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

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

**Section B. Independent Contractors**

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

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

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) with checkboxes for FASB ASC 958 compliance.

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets, including total revenue, total expenses, and net assets at beginning and end of year.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Table with 3 columns: Question, Yes, No. Contains responses for lines 2a, 2b, 2c, 3a, and 3b.

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

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

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

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

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

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; 16b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; 17b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2023, 2022. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2023, 2022. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018 . . . . .			
b	From 2019 . . . . .			
c	From 2020 . . . . .			
d	From 2021 . . . . .			
e	From 2022 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019 . . . .			
b	Excess from 2020 . . . .			
c	Excess from 2021 . . . .			
d	Excess from 2022 . . . .			
e	Excess from 2023 . . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization <p style="text-align: center;">INSPIRE BRANDS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">58-1692997</p>
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**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	\$ 2,238,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 578,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

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

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

Name of organization INSPIRE BRANDS FOUNDATION, INC.	Employer identification number 58-1692997
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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

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

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

Part II Conservation Easements

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

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

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

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

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

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

Schedule D (Form 990) 2023

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Part VI Land, Buildings, and Equipment

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

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

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 17,489,190.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 17,086,165.

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

PART III, LINE 1A

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

PART III, LINE 4

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

PART X, LINE 2

THE FOUNDATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS BEING EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "IRC") AS A PUBLICLY SUPPORTED ORGANIZATION. GAAP REQUIRES AN ASSET AND LIABILITY APPROACH TO FINANCIAL ACCOUNTING AND REPORTING FOR INCOME TAXES. DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE COMPUTED ANNUALLY FOR THE DIFFERENCE BETWEEN THE FINANCIAL STATEMENT AND TAX BASIS OF ASSETS AND LIABILITIES THAT WILL RESULT IN TAXABLE OR DEDUCTIBLE AMOUNTS IN THE FUTURE, BASED ON ENACTED

**Part XIII** Supplemental Information (continued)

TAX LAWS AND RATES. VALUATION ALLOWANCES ARE ESTABLISHED WHEN NECESSARY TO REDUCE THE DEFERRED INCOME TAX ASSETS TO AN AMOUNT THAT IS MORE LIKELY THAN NOT TO BE REALIZED. THE FOUNDATION IS SUBJECT TO IRC SECTION 511(A) FOR INCOME TAXES ON UNRELATED BUSINESS INCOME.

THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2023 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, 2020.

PART XI, LINE 2D

\$948,426 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME

PART XII, LINE 2D

\$948,426 FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING GROSS INCOME



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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

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

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

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

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

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

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

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

Table with 5 columns: Revenue, Direct Expenses, (a) Event #1 PARTNER PROGRAM, (b) Event #2, (c) Other events NONE, (d) Total events. Rows include Gross receipts, Less: Contributions, Gross income, Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, and Net income summary.

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

Table with 5 columns: Revenue, Direct Expenses, (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Gross revenue, Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, and Net gaming income summary.

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> DONORSCHOOSE.ORG 134 W 37TH ST FLOOR 11 NEW YORK, NY 28209	13-4129457	501 (C) 3	2,620,000.				MISSION SUPPORT
<b>(2)</b> BOYS & GIRLS CLUB OF AMERICA 1275 PEACHTREE ST. ATLANTA, GA 30309	13-5562976	501 (C) 3	1,930,780.	558.			MISSION SUPPORT
<b>(3)</b> SHARE OUR STRENGTH 1030 15TH ST NW STE 1100 W	52-1367538	501 (C) 3	1,050,135.	469.			MISSION SUPPORT
<b>(4)</b> FOLDS OF HONOR FOUNDATION 5971 NORTH PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501 (C) 3	887,800.	2,386.			MISSION SUPPORT
<b>(5)</b> THE RON CLARK ACADEMY, INC. 228 MARGARET ST SE ATLANTA, GA 30315	20-3028755	501 (C) 3	352,000.				MISSION SUPPORT
<b>(6)</b> OKLAHOMA CITY PUBLIC SCHOOLS FOUNDATION, IN 431 W MAIN ST STE E OKLAHOMA CITY, OK 73102	73-1222182	501 (C) 3	230,000.				MISSION SUPPORT
<b>(7)</b> CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1575 NE EXPRESSWAY NE ATLANTA, GA 30329	58-1710601	501 (C) 3	218,000.				MISSION SUPPORT
<b>(8)</b> RICHARDSON INDEPENDENT SCHOOL DISTRICT 400 S. GREENVILLE AVENUE	75-6002311	501 (C) 3	162,327.				MISSION SUPPORT
<b>(9)</b> 3DE NATIONAL, LLC 3565 PIEDMONT RD NE BUILDING 1 STE 460	83-1444494	501 (C) 3	160,000.				MISSION SUPPORT
<b>(10)</b> UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MI 55033	27-0711063	501 (C) 3	120,100.				MISSION SUPPORT
<b>(11)</b> JORDAN EDUCATION FOUNDATION 7387 S. CAMPUS VIEW DRIVE	74-6356280	501 (C) 3	103,822.				MISSION SUPPORT
<b>(12)</b> ALEX'S LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD STE 203	56-2496146	501 (C) 3	103,000.				MISSION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 323

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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Department of the Treasury  
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Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CITY OF REFUGE, INCORPORATED 1300 JOSEPH E. BOONE BLVD NW	58-2194642	501 (C) 3	102,269.	1,692.			MISSION SUPPORT
<b>(2)</b> CLEVELAND BROWNS FOUNDATION 76 LOU GROZA BLVD BEREА, OH 44017	34-1885593	501 (C) 3	100,000.				MISSION SUPPORT
<b>(3)</b> UNITED STATES SOCCER FOUNDATION INC. 1140 CONNECTICUT AVENUE NW SUITE 1200	36-3976313	501 (C) 3	100,000.				MISSION SUPPORT
<b>(4)</b> COBB CTY SCHOOL DISTRICT DBA FAIR OAKS ELEM 407 BARBER RD SE MARIETTA, GA 30060	58-6000214	501 (C) 3	85,995.				MISSION SUPPORT
<b>(5)</b> KIDS' FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	04-3760991	501 (C) 3	85,000.				MISSION SUPPORT
<b>(6)</b> UNIFIED SCHOOL DISTRICT 259-WICHITA PUBLIC 903 S. EDGEMOOR ST WICHITA, KS 67208	48-6000351	501 (C) 3	82,210.				MISSION SUPPORT
<b>(7)</b> BESTPREP 7100 NORTHLAND CIRCLE N STE 306	41-1265355	501 (C) 3	80,000.				MISSION SUPPORT
<b>(8)</b> OSHKOSH AREA SCHOOL DISTRICT PO BOX 3048 OSHKOSH, WI 54903	39-1414354	501 (C) 3	74,704.				MISSION SUPPORT
<b>(9)</b> MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE STE 175	38-2505812	501 (C) 3	72,000.				MISSION SUPPORT
<b>(10)</b> WELD COUNTY SCHOOL DISTRICT RE-4 1020 MAIN STREET WINDSOR, CO 80550	84-6013749	501 (C) 3	62,236.				MISSION SUPPORT
<b>(11)</b> WESTFIELD WASHINGTON SCHOOLS 19500 TOMLINSON RD STE B	35-1097258	501 (C) 3	59,701.				MISSION SUPPORT
<b>(12)</b> HOPE MISSIONS 360, INC 1003 GATHER DR LAWRENCEVILLE, GA 30043	82-1081974	501 (C) 3	55,000.				MISSION SUPPORT

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

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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Department of the Treasury  
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Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BOYS & GIRLS CLUBS OF OKLAHOMA COUNTY, INC 2915 N CLASSEN BLVD STE 500 OKLAHOMA CITY	73-1472202	501 (C) 3	55,000.				MISSION SUPPORT
<b>(2)</b> OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION 620 N. HARVEY AVE OKLAHOMA CITY, OK 73102	73-1472725	501 (C) 3	55,000.	1,783.			MISSION SUPPORT
<b>(3)</b> BLESSINGS IN A BACKPACK, INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	26-1964620	501 (C) 3	53,000.				MISSION SUPPORT
<b>(4)</b> ST. JOSEPH CATHOLIC ORPHAN SOCIETY DBA ST. 2823 FRANKFORT AVE LOUISVILLE, KY 40206	61-0475286	501 (C) 3	51,000.				MISSION SUPPORT
<b>(5)</b> ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DR ATLANTA, GA 30344	58-1376648	501 (C) 3	50,203.	201.			MISSION SUPPORT
<b>(6)</b> THE LEUKEMIA & LYMPHOMA SOCIETY, INC. P.O. BOX 292705 NASHVILLE, TN 37229	13-5644916	501 (C) 3	41,150.				MISSION SUPPORT
<b>(7)</b> REGIONAL FOOD BANK OF OKLAHOMA, INC 3355 S. PURDUE AVE OKLAHOMA CITY, OK 73179	73-1100380	501 (C) 3	40,536.				MISSION SUPPORT
<b>(8)</b> I AM A FATHER 5K, INC 2492 WHITE OAK DR DECATUR, GA 30032	81-1044572	501 (C) 3	40,000.				MISSION SUPPORT
<b>(9)</b> OKLAHOMA CONTEMPORARY ARTS CENTER, INC P.O. BOX 3062 OKLAHOMA CITY, OK 73101	73-1334271	501 (C) 3	40,000.				MISSION SUPPORT
<b>(10)</b> BOYS & GIRLS CLUBS OF SOUTHERN NEVADA 2850 LINDELL RD LAS VEGAS, NE 89146	88-0093150	501 (C) 3	39,300.				MISSION SUPPORT
<b>(11)</b> COVENANT HOUSE FLORIDA 5931 E. COLONIAL DR ORLANDO, FL 32807	59-2323607	501 (C) 3	38,200.				MISSION SUPPORT
<b>(12)</b> THE STEWART FOUNDATION INC P.O. BOX 54680 ATLANTA, GA 30308	20-5918776	501 (C) 3	38,000.				MISSION SUPPORT

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

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Schedule I (Form 990) 2023

**PUBLIC INSPECTION COPY**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

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

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

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<b>(1)</b> BIG BROTHERS BIG SISTERS OF METRO ATLANTA, 680 MURPHY AVE SW STE 1090	58-0861895	501 (C) 3	36,500.	1,345.			MISSION SUPPORT
<b>(2)</b> THE POSSE FOUNDATION, INC 101 MARIETTA ST STE 1040 ATLANTA, GA 30303	13-3840394	501 (C) 3	35,500.				MISSION SUPPORT
<b>(3)</b> BIG BROTHERS BIG SISTERS OF NORTHWEST FLORI 1320 CREIGHTON RD PENSACOLA, FL 32504	59-2996893	501 (C) 3	35,000.				MISSION SUPPORT
<b>(4)</b> HENRY COUNTY BOARD OF EDUCATION DBA HENRY C 396 TOMLINSON STREET BUILDING B	58-6000263	501 (C) 3	35,000.				MISSION SUPPORT
<b>(5)</b> CRISTO REY OKLAHOMA CITY CORPORATE WORK STU 900 N. PORTLAND AVE OKLAHOMA CITY, OK 73107	81-4535139	501 (C) 3	34,000.				MISSION SUPPORT
<b>(6)</b> HUMBLE INDEPENDENT SCHOOL DISTRICT 20200 EASTWAY VILLAGE DRIVE	74-6001421	501 (C) 3	33,328.				MISSION SUPPORT
<b>(7)</b> PACK PEOPLE OF ACTION CARING FOR KIDS INC 4 MALL TERRACE SAVANNAH, GA 31406	81-2615493	501 (C) 3	32,400.				MISSION SUPPORT
<b>(8)</b> FRIENDS OF THE CHILDREN - PORTLAND 44 NE MORRIS STREET PORTLAND, OR 97212	93-1098105	501 (C) 3	31,700.				MISSION SUPPORT
<b>(9)</b> GOD'S PANTRY FOOD BANK, INC 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501 (C) 3	31,600.				MISSION SUPPORT
<b>(10)</b> ALHAMBRA SCHOOL DISTRICT NO. 68 4510 N 37TH AVE PHOENIX, AR 85019	86-6000510	501 (C) 3	31,549.				MISSION SUPPORT
<b>(11)</b> BLACKHAWK SCHOOL DISTRICT 500 BLACKHAWK ROAD BEAVER FALLS, PA 15010	25-1206279	501 (C) 3	30,856.				MISSION SUPPORT
<b>(12)</b> ST. MARY'S FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AR 85009	23-7353532	501 (C) 3	30,800.				MISSION SUPPORT

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<b>(1)</b> WINSTON-SALEM/FORSYTH COUNTY SCHOOLS 475 CORPORATE SQUARE DR	56-0795164	501 (C) 3	30,702.				MISSION SUPPORT
<b>(2)</b> AUTISM SPEAKS P.O. BOX 199 ROCKY HILL, NE 08553	20-2329938	501 (C) 3	30,700.				MISSION SUPPORT
<b>(3)</b> ALIVE HOSPICE, INC 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501 (C) 3	30,000.				MISSION SUPPORT
<b>(4)</b> GIRL SCOUTS WESTERN OKLAHOMA, INC 6100 N. ROBINSON AVE	73-0677849	501 (C) 3	30,000.				MISSION SUPPORT
<b>(5)</b> COLLINSVILLE PUBLIC SCHOOLS 1902 WEST MAPLE COLLINSVILLE, OK 74021	73-6021237	501 (C) 3	29,000.				MISSION SUPPORT
<b>(6)</b> LIFELINE CHILDREN'S SERVICES 100 MISSIONARY RIDGE STE 200	63-0896878	501 (C) 3	28,500.				MISSION SUPPORT
<b>(7)</b> DUKE UNIVERSITY DBA DUKE CHILDREN'S 300 W. MORGAN ST STE 1000 DURHAM, NC 27701	56-0532129	501 (C) 3	27,400.				MISSION SUPPORT
<b>(8)</b> EDMOND PUBLIC SCHOOLS FOUNDATION, INC. PO BOX 30837 EDMOND, OK 73003	73-1210460	501 (C) 3	27,095.				MISSION SUPPORT
<b>(9)</b> BIG OAK RANCH, INC 250 JAKE MINTZ RD GADSDEN, AL 35905	23-7413017	501 (C) 3	26,000.				MISSION SUPPORT
<b>(10)</b> BIG BROTHERS BIG SISTERS OF KENTUCKIANA, IN 1519 GARDINER LANE STE B	61-6057856	501 (C) 3	25,200.				MISSION SUPPORT
<b>(11)</b> CATHOLIC COMMUNITY SERVICES OF UTAH 224 N 220 W SALT LAKE CITY, UT 84116	87-0212450	501 (C) 3	25,000.				MISSION SUPPORT
<b>(12)</b> THE QUINNEN WILLIAMS FOUNDATION 715 BAKEWELL ST COVINGTON, KY 41011	85-0652445	501 (C) 3	25,000.				MISSION SUPPORT

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<b>(1)</b> THE DOWNTOWN JIMMIE HALE MISSION P.O. BOX 10472 3240 2ND AVE N	63-0358757	501 (C) 3	25,000.				MISSION SUPPORT
<b>(2)</b> HARBOR HOUSE OF LOUISVILLE, INC P.O. BOX 58219 LOUISVILLE, KY 40216	61-1216323	501 (C) 3	25,000.				MISSION SUPPORT
<b>(3)</b> JUNIOR ACHIEVEMENT OF EAST CENTRAL FLORIDA 1275 S. PATRICK DR STE E	59-2461562	501 (C) 3	25,000.				MISSION SUPPORT
<b>(4)</b> UMPS CARE CHARITIES, INC 4185 CARVEL LANE EDGEWATER, MA 21037	47-2451505	501 (C) 3	25,000.				MISSION SUPPORT
<b>(5)</b> MEL BLOUNT YOUTH HOME OF PENNSYLVANIA, INC. 6 MEL BLOUNT DRIVE CLAYSVILLE, PA 15323	25-1585859	501 (C) 3	25,000.				MISSION SUPPORT
<b>(6)</b> CROSSBRIDGE, INC 35 LINDSLEY AVENUE NASHVILLE, TN 37210	16-1755991	501 (C) 3	25,000.				MISSION SUPPORT
<b>(7)</b> ARTS COUNCIL OKLAHOMA CITY 400 WEST CALIFORNIA AVE.	73-6112471	501 (C) 3	25,000.				MISSION SUPPORT
<b>(8)</b> AMERICAN INDIAN CULTURAL CENTER FOUNDATION 659 FIRST AMERICAN BLVD	73-1554119	501 (C) 3	25,000.				MISSION SUPPORT
<b>(9)</b> JAZZ IN JUNE INC P.O. BOX 2405 NORMAN, OK 73070	73-1375514	501 (C) 3	25,000.				MISSION SUPPORT
<b>(10)</b> BOYS & GIRLS CLUB OF BARTLESVILLE 401 S. SEMINOLE AVE BARTLESVILLE, OK 74003	73-0618201	501 (C) 3	25,000.				MISSION SUPPORT
<b>(11)</b> GREATER MIAMI JEWISH FEDERATION, INC 4200 BISCAYNE BLVD MIAMI, FL 33137	59-0624404	501 (C) 3	25,000.				MISSION SUPPORT
<b>(12)</b> ATLANTA AREA COUNCIL, BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PARKWAY SE ATLANTA, GA 30339	58-0566122	501 (C) 3	25,000.				MISSION SUPPORT

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<b>(1)</b> ATLANTA CHARITY CLAYS, INC 1000 NORTHFIELD CT STE 120	47-2835630	501 (C) 3	25,000.				MISSION SUPPORT
<b>(2)</b> SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVE #5473	46-1323531	501 (C) 3	25,000.				MISSION SUPPORT
<b>(3)</b> THE LUDACRIS FOUNDATION 3645 MARKET PLACE BLVD STE 130 #318	36-4487042	501 (C) 3	25,000.				MISSION SUPPORT
<b>(4)</b> CISE CATHOLIC INNER-CITY SCHOOL EDUCATION 100 E 8TH ST CINCINNATI, OH 45202	82-0977523	501 (C) 3	24,200.				MISSION SUPPORT
<b>(5)</b> BOYER CHILDREN'S CLINIC 1850 BOYER AVE E SEATTLE, WA 98112	91-1316838	501 (C) 3	23,100.				MISSION SUPPORT
<b>(6)</b> GREEN FOREST SCHOOLS P.O. BOX 1950 GREEN FOREST, AR 72638	71-0671499	501 (C) 3	22,014.				MISSION SUPPORT
<b>(7)</b> THE JOURNEY HOME, INC P.O. BOX 331025 MURFREESBORO, TN 37133	20-5605975	501 (C) 3	22,000.				MISSION SUPPORT
<b>(8)</b> SUPERINTENDENT OF FARMINGTON SCHOOL DISTRICT 42 DOUBLE SPRINGS RD FARMINGTON, AR 72730	71-6038635	501 (C) 3	21,423.				MISSION SUPPORT
<b>(9)</b> CLINTON PUBLIC SCHOOLS PO BOX 729 CLINTON, OK 73601	73-6021067	501 (C) 3	21,090.				MISSION SUPPORT
<b>(10)</b> CHILDREN'S HOME SOCIETY OF WEST VIRGINIA, I 1422 KANAWHA BLVD E CHARLESTON, WV 25301	55-0360199	501 (C) 3	21,000.				MISSION SUPPORT
<b>(11)</b> MORTGAGE MIRACLES FOR KIDS DBA MIRACLES FOR 17848 SKY PARK CIRCLE STE C	91-2160616	501 (C) 3	20,500.				MISSION SUPPORT
<b>(12)</b> GENEROUS LIFE FOUNDATION DBA MEMPHIS DREAM 1800 N GERMANTOWN PKWY CORDOVA, TN 38016	31-1685087	501 (C) 3	20,200.				MISSION SUPPORT

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<b>(1)</b> COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3421 BELMONT BLVD NASHVILLE, TN 37215	62-1471789	501 (C) 3	20,100.				MISSION SUPPORT
<b>(2)</b> ZAC MAGO FOUNDATION, INC 29799 STATE RD 4 NORTH LIBERTY, IN 46554	83-3874431	501 (C) 3	20,000.				MISSION SUPPORT
<b>(3)</b> MAKE-A-WISH FOUNDATION OF UTAH 771 E WINCHESTER MURRAY, UT 84107	74-2392822	501 (C) 3	20,000.				MISSION SUPPORT
<b>(4)</b> MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE 600 HILL AVE STE 201 NASHVILLE, TN 37210	62-1833327	501 (C) 3	20,000.				MISSION SUPPORT
<b>(5)</b> RIO REVOLUTION CHURCH INC. (HELPING HANDS) 3419 E LAMAR ALEXANDER PKWY	26-1531196	501 (C) 3	20,000.				MISSION SUPPORT
<b>(6)</b> TENNESSEE FOOD ON FOOT FOUNDATION, INC 105 SCENIC VIEW DRIVE TALBOTT, TN 37877	22-3969109	501 (C) 3	20,000.				MISSION SUPPORT
<b>(7)</b> BREAKTHROUGH ATLANTA, INC 4075 PACES FERRY RD NW ATLANTA, GA 30327	84-4725498	501 (C) 3	20,000.				MISSION SUPPORT
<b>(8)</b> FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57701	36-3293534	501 (C) 3	19,100.				MISSION SUPPORT
<b>(9)</b> NORTHWOOD CHILDREN'S HOME SOCIETY, INC DBA 714 W COLLEGE ST DULUTH, MI 55811	41-0706108	501 (C) 3	19,000.				MISSION SUPPORT
<b>(10)</b> BOYS & GIRLS CLUBS OF THE TWIN CITIES 690 JACKSON ST SAINT PAUL, MI 55130	41-0842657	501 (C) 3	18,905.				MISSION SUPPORT
<b>(11)</b> SOS CHILDREN'S VILLAGES - FLORIDA 3681 NW 59TH PLACE COCONUT CREEK, FL 33073	65-0080301	501 (C) 3	18,300.				MISSION SUPPORT
<b>(12)</b> MYRIAD GARDENS FOUNDATION, INC 301 W RENO AVE OKLAHOMA CITY, OK 73102	73-1293008	501 (C) 3	18,000.				MISSION SUPPORT

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<b>(1)</b> CURE CHILDHOOD CANCER, INC 200 ASHFORD CENTER N STE 250	58-1244138	501 (C) 3	18,000.				MISSION SUPPORT
<b>(2)</b> COVENANT HOUSE GREATER WASHINGTON 2001 MISSISSIPPI AVE SE	13-3537709	501 (C) 3	17,400.				MISSION SUPPORT
<b>(3)</b> GEORGIA TECH ALUMNI ASSOCIATION, INC 190 N AVE NW ATLANTA, GA 30313	58-0634853	501 (C) 3	17,000.				MISSION SUPPORT
<b>(4)</b> HARVEST HOPE FOOD BANK P.O. BOX 451 COLUMBIA, SC 29201	57-0725560	501 (C) 3	16,900.				MISSION SUPPORT
<b>(5)</b> HAWKINS COUNTY BOARD OF EDUCATION 200 N. DEPOT ST ROGERSVILLE, TN 37857	62-0757264	501 (C) 3	16,892.				MISSION SUPPORT
<b>(6)</b> BOYS & GIRLS CLUBS OF THE LOWCOUNTRY 10 PINCKNEY COLONY RD STE 103	57-0811876	501 (C) 3	16,600.				MISSION SUPPORT
<b>(7)</b> GOLDEN HARVEST FOOD BANK 3310 COMMERCE DR AUGUSTA, GA 30909	58-1466516	501 (C) 3	16,300.				MISSION SUPPORT
<b>(8)</b> COMMON GROUND MONTGOMERY, INC 1516 MOBILE RD MONTGOMERY, AL 36108	20-4172444	501 (C) 3	16,000.				MISSION SUPPORT
<b>(9)</b> HOPE THRU SOAP INC 2650 PLEASANTDALE RD STE 15	82-1679787	501 (C) 3	16,000.				MISSION SUPPORT
<b>(10)</b> LONDON CITY SCHOOLS 380 ELM ST LONDON, OH 43140	31-6400668	501 (C) 3	15,811.				MISSION SUPPORT
<b>(11)</b> BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY 8223 BROADWAY SUITE 100 EVERETT, WA 98203	91-0549511	501 (C) 3	15,800.				MISSION SUPPORT
<b>(12)</b> BLUE RIDGE UNIFIED SCHOOL DISTRICT #32 1200 W WHITE MOUNTAIN BLVD	86-6000542	501 (C) 3	15,746.				MISSION SUPPORT

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<b>(1)</b> GIANT STEPS OF ST LOUIS INC 7281 SARAH ST MAPLEWOOD, MI 63143	43-1671946	501 (C) 3	15,600.				MISSION SUPPORT
<b>(2)</b> ATLANTA COMMUNITY TOOLBANK 410 ENGLEWOOD AVE SE ATLANTA, GA 30315	58-2363433	501 (C) 3	15,500.	2,033.			MISSION SUPPORT
<b>(3)</b> LATINO COMMUNITY DEVELOPMENT AGENCY 420 SW 10TH ST OKLAHOMA CITY, OK 73109	73-1424239	501 (C) 3	15,200.				MISSION SUPPORT
<b>(4)</b> UTAH FOOD BANK 3150 S 900 W SALT LAKE CITY, UT 84119	87-0212453	501 (C) 3	15,000.				MISSION SUPPORT
<b>(5)</b> FEED SPOKANE 1114 N. FANCHER STE 109	77-0669785	501 (C) 3	15,000.				MISSION SUPPORT
<b>(6)</b> CUMBERLAND ACADEMY OF GEORGIA, INC 650-A MT. VERNON HWY NE ATLANTA, GA 30328	71-1043712	501 (C) 3	15,000.				MISSION SUPPORT
<b>(7)</b> BIG BROTHERS BIG SISTERS OF SOUTHERN NEVADA 2000 E. FLAMINGO RD LAS VEGAS, NE 89101	51-0136847	501 (C) 3	15,000.				MISSION SUPPORT
<b>(8)</b> JUNIOR ACHIEVEMENT OF NORTHERN INDIANA, INC 550 E WALLEN RD FORT WAYNE, IN 46825	35-0922731	501 (C) 3	15,000.				MISSION SUPPORT
<b>(9)</b> GENTRY'S EDUCATION CENTER AT THE STORE FRON 4221 WARREN RD FRANKLIN, TN 37067	27-1202003	501 (C) 3	15,000.				MISSION SUPPORT
<b>(10)</b> AGAPE COMMUNITY CENTER INC DBA AGAPE YOUTH 2210 MARIETTA BLVD NW ATLANTA, GA 30318	58-2372950	501 (C) 3	15,000.	699.			MISSION SUPPORT
<b>(11)</b> APIVEO LEADERSHIP, INC. 309 ROUNDSTONE ROCK TYRONE, GA 30290	47-3273838	501 (C) 3	15,000.				MISSION SUPPORT
<b>(12)</b> GEORGE WERDEN BUCK BOYS & GIRLS CLUB 226 E. CLINTON ST JOLIET, IL 60432	36-2270044	501 (C) 3	14,925.				MISSION SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER RD FLINT, MI 48503	38-2379678	501 (C) 3	14,900.				MISSION SUPPORT
<b>(2)</b> WEEKEND SURVIVAL KITS, INC 319 W GRAND RIVER AVE WILLIAMSTON, MI 48895	45-4444119	501 (C) 3	14,800.				MISSION SUPPORT
<b>(3)</b> KANSAS FOOD BANK 1919 E DOUGLAS AVE WICHITA, KS 67211	48-0959213	501 (C) 3	14,500.				MISSION SUPPORT
<b>(4)</b> BOYS & GIRLS CLUBS OF CENTRAL IOWA 1421 WALKER ST DES MOINES, IA 50316	42-6075138	501 (C) 3	14,250.				MISSION SUPPORT
<b>(5)</b> FOSTERING HOPE TN, INC. 637 CHAPEL POINT LANE KNOXVILLE, TN 37934	46-3225638	501 (C) 3	14,000.				MISSION SUPPORT
<b>(6)</b> ATHENS-LIMESTONE COUNTY FAMILY RESOURCE CEN 406 S JEFFERSON STREET ATHENS, AL 35611	26-1076284	501 (C) 3	14,000.				MISSION SUPPORT
<b>(7)</b> SPECIAL OLYMPICS VIRGINIA, INC 3212 SKIPWITH RD STE 100 RICHMOND, VI 23294	54-1013637	501 (C) 3	13,800.				MISSION SUPPORT
<b>(8)</b> GENESEE COUNTY HABITAT FOR HUMANITY 101 BURTON ST FLINT, MI 48503	38-2899387	501 (C) 3	13,500.				MISSION SUPPORT
<b>(9)</b> SOLIDARITY SANDY SPRINGS, INC 115 HIGH POINT WALK SANDY SPRINGS, GA 30342	85-0664525	501 (C) 3	13,500.				MISSION SUPPORT
<b>(10)</b> THE JACK ELTON SNYDER FOUNDATION 315 ASHMOORE CIRCLE W POWELL, OH 43065	86-3528912	501 (C) 3	13,300.				MISSION SUPPORT
<b>(11)</b> BOYS & GIRLS CLUBS OF THE WIREGRASS, INC 457 S. ALICE ST DOTHAN, AL 36301	63-0422560	501 (C) 3	13,200.				MISSION SUPPORT
<b>(12)</b> MUST MINISTRIES, INC 1407 COBB PARKWAY N MARIETTA, GA 30061	58-2034725	501 (C) 3	13,050.				MISSION SUPPORT

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<b>(1)</b> BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC. 101 E COLONIAL DRIVE ORLANDO, FL 32801	59-0951887	501 (C) 3	13,000.				MISSION SUPPORT
<b>(2)</b> MURRAY CITY SCHOOL DISTRICT 5102 S COMMERCE DRIVE MURRAY, UT 84107	87-6000503	501 (C) 3	12,820.				MISSION SUPPORT
<b>(3)</b> BOYS & GIRLS CLUBS OF SOUTHWEST COUNTY P.O. BOX 892349 TEMECULA, CA 92589	33-0475756	501 (C) 3	12,600.				MISSION SUPPORT
<b>(4)</b> PHILABUNDANCE 3616 S. GALLOWAY STREET	23-2290505	501 (C) 3	12,600.				MISSION SUPPORT
<b>(5)</b> PEACE, INC. 217 S SALINA ST 2ND FLOOR	16-6095039	501 (C) 3	12,400.				MISSION SUPPORT
<b>(6)</b> LIL MIRCLES PREGNANCY RESOURCE CENTER, INC. 2709 E 38TH ST ANDERSON, IN 46015	45-3006179	501 (C) 3	12,300.				MISSION SUPPORT
<b>(7)</b> UNITED CEREBRAL PALSY OF SOUTHERN ARIZONA 630 N. CRAYCROFT ROAD TUCSON, AR 85711	86-0416461	501 (C) 3	12,200.				MISSION SUPPORT
<b>(8)</b> FIGHT WITH AUSTIN FLASH SCHROEDER FOUNDATIO 2920 DIAMOND MIL CIRCLE	47-5360520	501 (C) 3	12,100.				MISSION SUPPORT
<b>(9)</b> KINGDOM FIRST 219 SHERBORNE DR COLUMBUS, OH 43219	81-4446525	501 (C) 3	12,000.				MISSION SUPPORT
<b>(10)</b> BOYS & GIRLS CLUBS OF THE MIDLANDS, INC. 2610 HAMILTON ST OMAHA, NE 68131	47-0467350	501 (C) 3	12,000.				MISSION SUPPORT
<b>(11)</b> BIG BROTHERS BIG SISTERS OF METROPOLITAN DE 2470 COLLINGWOOD STE 218 DETROIT, MI 48206	38-6112533	501 (C) 3	12,000.				MISSION SUPPORT
<b>(12)</b> HORIZONS ATLANTA INC. 505 10TH ST NW STE 3217 ATLANTA, GA 30318	37-1747624	501 (C) 3	12,000.				MISSION SUPPORT

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<b>(1)</b> BOYS & GIRLS CLUBS OF METRO DENVER, INC 2017 W 9TH AVE DENVER, CO 80204	84-0510404	501 (C) 3	11,900.				MISSION SUPPORT
<b>(2)</b> NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134	36-3203648	501 (C) 3	11,446.				MISSION SUPPORT
<b>(3)</b> BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VI 24482	52-1202644	501 (C) 3	11,300.				MISSION SUPPORT
<b>(4)</b> NOBLE PUBLIC SCHOOLS 111 S. 4TH STREET NOBLE, OK 73068	73-6021050	501 (C) 3	11,252.				MISSION SUPPORT
<b>(5)</b> LODI BOYS AND GIRLS CLUB, INC 275 POPLAR ST LODI, CA 95240	94-1570121	501 (C) 3	11,200.				MISSION SUPPORT
<b>(6)</b> COMMUNITY FOOD BANK OF EASTERN OKLAHOMA 1304 N. KENOSHA AVENUE TULSA, OK 74106	73-1184980	501 (C) 3	11,200.				MISSION SUPPORT
<b>(7)</b> BOYS & GIRLS CLUBS OF GREATER SACRAMENTO 5212 LEMON HILL AVE SACRAMENTO, CA 95824	68-0338324	501 (C) 3	11,200.				MISSION SUPPORT
<b>(8)</b> HOSPITALITY PANTRIES, INC DBA FISH HOSPITAL 800 NORTSHORE DR KNOXVILLE, TN 37919	62-1584500	501 (C) 3	11,000.				MISSION SUPPORT
<b>(9)</b> BOYS & GIRLS CLUBS OF THE OCOEE REGION 403 SOUTH LEE HWY CLEVELAND, OH 37311	62-0729406	501 (C) 3	11,000.				MISSION SUPPORT
<b>(10)</b> BOYS & GIRLS CLUBS OF CHATTANOOGA P.O. BOX 11567 CHATTANOOGA, TN 37401	62-0557179	501 (C) 3	11,000.				MISSION SUPPORT
<b>(11)</b> BIG BROTHERS BIG SISTERS OF WESTERN NORTH C 50 S FRENCH BROAD AVE SUITE 213	58-1505917	501 (C) 3	11,000.				MISSION SUPPORT
<b>(12)</b> SECOND HARVEST FOOD BANK OF METROLINA 500 B SPRATT ST CHARLOTTE, NC 28206	56-1352593	501 (C) 3	11,000.				MISSION SUPPORT

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<b>(1)</b> YMCA OF CATAWBA VALLEY, INC. 315 1ST AVE NW STE 104 HICKORY, NC 28601	56-0928743	501 (C) 3	11,000.				MISSION SUPPORT
<b>(2)</b> DREAM CENTER EVANSVILLE 1516 N MAIN EVANSVILLE, IN 47711	35-2061699	501 (C) 3	11,000.				MISSION SUPPORT
<b>(3)</b> THE ROSE OF SHARON, INC 723 ARCADIA CIRCLE HUNTSVILLE, AL 35801	20-0347652	501 (C) 3	11,000.				MISSION SUPPORT
<b>(4)</b> BOYS & GIRLS CLUBS OF GREATER WASHINGTON 4103 BENNING RD NE WASHINGTON, DC 20019	53-0236759	501 (C) 3	11,000.				MISSION SUPPORT
<b>(5)</b> BOYS & GIRLS CLUB OF PORTAGE COUNTY 941 MICHIGAN AVE STEVENS POINT, WI 54481	73-1630506	501 (C) 3	10,900.				MISSION SUPPORT
<b>(6)</b> NILES COMMUNITY SERVICES, INC 401 VIENNA AVE NILES, OH 44446	34-1464447	501 (C) 3	10,650.				MISSION SUPPORT
<b>(7)</b> SECOND HARVEST FOOD BANK OF THE MAHONING VA 2805 SALT SPRINGS RD YOUNGSTOWN, OH 44509	34-1380074	501 (C) 3	10,650.				MISSION SUPPORT
<b>(8)</b> FEEDING AMERICA TAMPA BAY, INC 4702 TRANSPORT DR BUILDING 6	59-2116576	501 (C) 3	10,600.				MISSION SUPPORT
<b>(9)</b> CUNNINGHAM CHILDREN'S HOME 1301 N CUNNINGHAM AVE URBANA, IL 61802	37-0662521	501 (C) 3	10,500.				MISSION SUPPORT
<b>(10)</b> SARAH HEINZ HOUSE ASSOCIATION ONE HEINZ ST PITTSBURGH, PA 15212	25-0965390	501 (C) 3	10,400.				MISSION SUPPORT
<b>(11)</b> CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501 (C) 3	10,400.				MISSION SUPPORT
<b>(12)</b> GIRL SCOUTS OF GREATER ATLANTA 5601 NORTH ALLEN RD MABLETON, GA 30126	58-0566190	501 (C) 3	10,250.				MISSION SUPPORT

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<b>(1)</b> BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNT 4305 UNIVERSITY AVE STE 590	95-2151526	501 (C) 3	10,200.				MISSION SUPPORT
<b>(2)</b> FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501 (C) 3	10,100.				MISSION SUPPORT
<b>(3)</b> OUR PLACE ART ORGANIZATION INC P.O. BOX 5142 KNOXVILLE, TN 37928	90-1003720	501 (C) 3	10,000.				MISSION SUPPORT
<b>(4)</b> FEEDING FAMILIES OF ALABAMA 373 MT TABOR RD HARTSELLE, AL 35640	83-2298173	501 (C) 3	10,000.				MISSION SUPPORT
<b>(5)</b> ISAIAH 117 PROJECT INC 117 N HART PRINCETON, IN 47670	82-0712213	501 (C) 3	10,000.				MISSION SUPPORT
<b>(6)</b> THE LOVE KITCHEN, INC 2418 MARTIN LUTHER KING JR. AVE	62-1448193	501 (C) 3	10,000.				MISSION SUPPORT
<b>(7)</b> BOYS & GIRLS CLUBS OF NORTHEAST FLORIDA 10 S. NEWNAN ST JACKSONVILLE, FL 32202	59-6167630	501 (C) 3	10,000.				MISSION SUPPORT
<b>(8)</b> BOYS & GIRLS CLUBS OF VOLUSIA/FLAGLER COUNT 101 N. WOODLAND BLVD STE. 400	59-3158162	501 (C) 3	10,000.				MISSION SUPPORT
<b>(9)</b> BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 E. BAY DR STE 103 CLEARWATER, FL 33764	59-1566799	501 (C) 3	10,000.				MISSION SUPPORT
<b>(10)</b> BOYS & GIRLS CLUBS OF THE EMERALD COAST INC 923 DENTON BLVD. NW	59-1267050	501 (C) 3	10,000.				MISSION SUPPORT
<b>(11)</b> BIG BROTHERS BIG SISTERS OF NORTHEAST FLORI 40 E ADAMS ST STE 220	59-0683256	501 (C) 3	10,000.				MISSION SUPPORT
<b>(12)</b> MOUNTAIN CHILD ADVOCACY CENTER, INC 11 VANDERBILT PARK DR STE A	58-1828408	501 (C) 3	10,000.				MISSION SUPPORT

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<b>(1)</b> BIG BROTHERS BIG SISTERS SERVICES, INC. 200 SOUTH MARSHALL STREET	56-1161118	501 (C) 3	10,000.				MISSION SUPPORT
<b>(2)</b> UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY, 50 S FRENCH BROAD AVE ASHEVILLE, NC 28801	56-0576157	501 (C) 3	10,000.				MISSION SUPPORT
<b>(3)</b> BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA 1000 B CHERRY AVE CHARLOTTESVILLE, VI 22903	54-1602004	501 (C) 3	10,000.				MISSION SUPPORT
<b>(4)</b> SOUTHEAST MISSOURI FOOD BANK 600 STATE HWY H SIKESTON, MI 63801	43-1395863	501 (C) 3	10,000.				MISSION SUPPORT
<b>(5)</b> HAVEN HOUSE, INC P.O. BOX 4875 POPLAR BLUFF, MI 63901	43-1338221	501 (C) 3	10,000.				MISSION SUPPORT
<b>(6)</b> BOYS & GIRLS CLUB OF ROCHESTER 1026 E. CENTER ST ROCHESTER, MI 55904	41-1945875	501 (C) 3	10,000.				MISSION SUPPORT
<b>(7)</b> SECOND HARVEST FOODBANK OF SOUTHERN WISCONS 2802 DAIRY DRIVE MADISON, WI 53718	39-1490691	501 (C) 3	10,000.				MISSION SUPPORT
<b>(8)</b> FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVENUE	39-1384593	501 (C) 3	10,000.				MISSION SUPPORT
<b>(9)</b> GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTER 2131 BEAUFAIT ST DETROIT, MI 48207	38-2156255	501 (C) 3	10,000.				MISSION SUPPORT
<b>(10)</b> NORTHERN ILLINOIS UNIVERSITY FOUNDATION 134 ALTGELD HALL DEKALB, IL 60115	36-6086819	501 (C) 3	10,000.				MISSION SUPPORT
<b>(11)</b> ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DR W FORT WAYNE, IN 46835	35-1884264	501 (C) 3	10,000.				MISSION SUPPORT
<b>(12)</b> COMMON GROUND-THE CINDY NORD CENTER FOR REN 14240 BAIRD RD OBERLIN, OH 44074	34-1838503	501 (C) 3	10,000.				MISSION SUPPORT

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CARMACK BOULEVARD CHURCH OF CHRIST 2111 CARMACK BLVD COLUMBIA, SC 38401	31-1594717	501 (C) 3	10,000.				MISSION SUPPORT
<b>(2)</b> COMMUNITY KITCHEN OF MONROE COUNTY, INC P.O. BOX 3286 BLOOMINGTON, IN 47402	31-1101408	501 (C) 3	10,000.				MISSION SUPPORT
<b>(3)</b> THIRD PHASE INC. 15755 ALLISONVILLE RD NOBLESVILLE, IN 46060	31-1001890	501 (C) 3	10,000.				MISSION SUPPORT
<b>(4)</b> COMMUNITY MINISTRIES, INC. DBA COMMUNITY KI P.O. BOX 1252 PADUCAH, KY 42002	26-4030614	501 (C) 3	10,000.				MISSION SUPPORT
<b>(5)</b> GUM DROPS, NFP 1005 BRIARWOOD P.O. BOX 228	26-2938077	501 (C) 3	10,000.				MISSION SUPPORT
<b>(6)</b> BIG BROTHERS BIG SISTERS OF GREATER PITTSBU 5989 CENTRE AVE STE 1 PITTSBURGH, PA 15206	25-6074707	501 (C) 3	10,000.				MISSION SUPPORT
<b>(7)</b> FAMILY SERVICES OF NW PA 5100 PEACH ST ERIE, PA 16509	25-0987225	501 (C) 3	10,000.				MISSION SUPPORT
<b>(8)</b> THE FREEDOM CHILD FOUNDATION P.O. BOX 90146 HOUSTON, TX 77290	85-2953542	501 (C) 3	10,000.	5,161.			MISSION SUPPORT
<b>(9)</b> CAREERSPRING FOUNDATION 5311 VALERIE ST BELLAIRE, TX 77401	85-1275392	501 (C) 3	10,000.				MISSION SUPPORT
<b>(10)</b> INSPIREDU INC. 1550 SOUTHLAND CIR NW STE 200	84-3606525	501 (C) 3	10,000.				MISSION SUPPORT
<b>(11)</b> POWER UP SCHOLARSHIP FUND, INC. 521 BRANDON WAY AUSTIN, TX 78733	82-0885331	501 (C) 3	10,000.				MISSION SUPPORT
<b>(12)</b> ALLIED ARTS OF OKLAHOMA, INC 1015 N BROADWAY AVE STE 200	73-0804291	501 (C) 3	10,000.				MISSION SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I  
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Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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<b>(1)</b> URBAN LEAGUE OF GREATER OKLAHOMA CITY, INC 3900 N MARTIN LUTHER KING AVE	73-0590037	501 (C) 3	10,000.				MISSION SUPPORT
<b>(2)</b> UNITED WAY OF CENTRAL OKLAHOMA, INC P.O. BOX 248919 OKLAHOMA CITY, OK 73124	73-0589829	501 (C) 3	10,000.				MISSION SUPPORT
<b>(3)</b> GEORGIA CENTER FOR NONPROFITS 881 MEMORIAL DR SE STE 1001	58-2554789	501 (C) 3	10,000.				MISSION SUPPORT
<b>(4)</b> CAMP TWIN LAKES, INC. 1100 SPRING ST STE 406 ATLANTA, GA 30309	58-1826782	501 (C) 3	10,000.				MISSION SUPPORT
<b>(5)</b> ATLANTA CHILDREN'S SHELTER 607 PEACHTREE STREET NE ATLANTA, GA 30308	58-1675299	501 (C) 3	10,000.	1,612.			MISSION SUPPORT
<b>(6)</b> JUNIOR ACHIEVEMENT OF GEORGIA, INC. 275 NORTHSIDE DR NW BLDG C FLOOR 3	58-0598050	501 (C) 3	10,000.				MISSION SUPPORT
<b>(7)</b> THE GIVING KITCHEN INITIATIVE 970 JEFFERSON STREET NW SUITE 8	46-2176788	501 (C) 3	10,000.				MISSION SUPPORT
<b>(8)</b> CRISTO REY ATLANTA JESUIT HIGH SCHOOL, INC 222 PIEDMONT AVE NE ATLANTA, GA 30308	45-5550340	501 (C) 3	10,000.	738.			MISSION SUPPORT
<b>(9)</b> BEARINGS BIKE SHOP INC DBA BEARINGS BIKE WO 982 MURPHY AVE SW ATLANTA, GA 30310	45-4335893	501 (C) 3	10,000.	883.			MISSION SUPPORT
<b>(10)</b> GALAXY STAR DRUG AWARENESS DBA NASHVILLE PE 830 FESSIERS PARKWAY STE 118	36-4461508	501 (C) 3	10,000.				MISSION SUPPORT
<b>(11)</b> SER FAMILIA, INC 1000 COBB PLACE BLVD. NW STE 170	35-2166123	501 (C) 3	10,000.				MISSION SUPPORT
<b>(12)</b> WOMEN IN TECHNOLOGY, INC. 1750 POWDER SPRINGS ROAD STE 190 #256	31-1839582	501 (C) 3	10,000.				MISSION SUPPORT

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<b>(1)</b> WORLD CENTRAL KITCHEN INCORPORATED 200 MASSACHUSETTS AVE NW 7TH FLOOR	27-3521132	501 (C) 3	10,000.				MISSION SUPPORT
<b>(2)</b> CREATING CONNECTED COMMUNITIES PO BOX 500247 ATLANTA, GA 31150	27-1926563	501 (C) 3	10,000.				MISSION SUPPORT
<b>(3)</b> THE LITERACY LAB 352 UNIVERSITY AVE SW W108	27-1777117	501 (C) 3	10,000.				MISSION SUPPORT
<b>(4)</b> CHILDREN OF RESTAURANT EMPLOYEES LTD DBA CO 3550 GEORGE BUSBEE PKWY STE 190	20-1584617	501 (C) 3	10,000.				MISSION SUPPORT
<b>(5)</b> COVENANT HOUSE GEORGIA, INC. PO BOX 94465 ATLANTA, GA 30377	13-3523561	501 (C) 3	10,000.				MISSION SUPPORT
<b>(6)</b> ANTI-DEFAMATION LEAGUE 55 IVAN ALLEN JR. BLVD NW STE 520	13-1818723	501 (C) 3	10,000.				MISSION SUPPORT
<b>(7)</b> BOYS & GIRLS CLUBS OF SILICON VALLEY 518 VALLEY WAY MILPITAS, CA 95035	94-1294898	501 (C) 3	9,900.				MISSION SUPPORT
<b>(8)</b> REGIONAL FOOD BANK OF NORTHEASTERN NY, INC. 965 ALBANY SHAKER RD LATHAM, NE 12110	22-2470885	501 (C) 3	9,900.				MISSION SUPPORT
<b>(9)</b> BIG BROTHERS BIG SISTERS OF VENTURA COUNTY, 2435 VENTURA BLVD STE A CAMARILLO, CA 93010	20-3425568	501 (C) 3	9,700.				MISSION SUPPORT
<b>(10)</b> FOOD BANK OF THE ROCKIES DBA WYOMING FOOD B 5150 RESERVE DR EVANSVILLE, WY 82636	84-0772672	501 (C) 3	9,600.				MISSION SUPPORT
<b>(11)</b> FRIENDLY HOUSE OF DAVENPORT IOWA DBA FRIEND 1221 N MYRTLE ST DAVENPORT, IA 52804	42-0733466	501 (C) 3	9,600.				MISSION SUPPORT
<b>(12)</b> MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGT 811 1ST AVE STE 620 SEATTLE, WA 98104	91-1329433	501 (C) 3	9,400.				MISSION SUPPORT

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<b>(1)</b> REAL LIFE CHILDREN'S RANCH, INC 7777 US HWY 441 SE OKEECHOBEE, FL 34974	59-6173061	501 (C) 3	9,400.				MISSION SUPPORT
<b>(2)</b> PARKER STREET MINISTRIES, INC 719 N MASSACHUSETTS AVE LAKE LAND, FL 33801	59-3579886	501 (C) 3	9,400.				MISSION SUPPORT
<b>(3)</b> READERS 2 LEADERS PO BOX 195076 DALLAS, TX 75219	90-0641325	501 (C) 3	9,300.				MISSION SUPPORT
<b>(4)</b> CITY OF ALCOA, TENNESSEE (ALCOA CITY SCHOOL) 524 FARADAY ST ALCOA, TN 37701	62-6000238	501 (C) 3	9,280.				MISSION SUPPORT
<b>(5)</b> REGIONAL COUNCIL FOR CHRISTIAN MINISTRY DBA P.O. BOX 2236 IDAHO FALLS, ID 83403	82-0305800	501 (C) 3	9,200.				MISSION SUPPORT
<b>(6)</b> BOYS & GIRLS CLUBS OF PUEBLO COUNTY 635 W CORONA AVE SUITE 100 PUEBLO, CO 81004	23-7307508	501 (C) 3	9,200.				MISSION SUPPORT
<b>(7)</b> BOYS & GIRLS CLUBS OF GREATER KANSAS CITY 4001 DR. MARTIN LUTHER KING JR. BLVD SUITE	43-6072065	501 (C) 3	8,900.				MISSION SUPPORT
<b>(8)</b> BOYS & GIRLS CLUBS OF SOUTH CENTRAL KANSAS 2400 N. OPPORTUNITY DR WICHITA, KS 67219	48-1071303	501 (C) 3	8,800.				MISSION SUPPORT
<b>(9)</b> BIG BROTHERS BIG SISTERS OF ORANGE COUNTY A 1801 E. EDINGER STE 101 SANTA ANA, CA 92705	95-1992702	501 (C) 3	8,700.				MISSION SUPPORT
<b>(10)</b> ERLANGER HEALTH SYSTEM FOUNDATION 975 E THIRD ST STE B-508	58-1664027	501 (C) 3	8,600.				MISSION SUPPORT
<b>(11)</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF WESTER 40 N. MERRIMON AVE SUITE 309	56-0530013	501 (C) 3	8,600.				MISSION SUPPORT
<b>(12)</b> TNT KID'S FITNESS 2800 MAIN AVE FARGO, ND 58103	20-3459549	501 (C) 3	8,600.				MISSION SUPPORT

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<b>(1)</b> BOYS & GIRLS CLUB OF SOUTHWEST VIRGINIA 1714 9TH ST SE ROANOAKE, VI 24013	54-1867366	501 (C) 3	8,550.				MISSION SUPPORT
<b>(2)</b> BIG BROTHERS BIG SISTERS OF FLINT AND GENES 1176 ROBERT T. LONGWAY BLVD FLINT, MI 48503	38-2259541	501 (C) 3	8,500.				MISSION SUPPORT
<b>(3)</b> MAKE-A-WISH FOUNDATION OF METRO NEW YORK AN 10 OFFICE PARKWAY STE 500	11-2645641	501 (C) 3	8,400.				MISSION SUPPORT
<b>(4)</b> ARKANSAS CHILDREN'S FOUNDATION 1 CHILDREN'S WAY SLOT 661	71-0568795	501 (C) 3	8,300.				MISSION SUPPORT
<b>(5)</b> BOYS & GIRLS CLUBS OF THE PEE DEE AREA 310 W. ROUGHFORK ST. FLORENCE, SC 29506	57-6026677	501 (C) 3	8,300.				MISSION SUPPORT
<b>(6)</b> MIDWEST FOOD BANK, NFP DBA MIDWEST FOOD BAN 2301 WAREHOUSE RD NORMAL, IL 61761	41-2120170	501 (C) 3	8,260.				MISSION SUPPORT
<b>(7)</b> BIG BROTHERS BIG SISTERS OF BERKS COUNTY, P 303 WINDSOR ST CENTRE PARK	23-6463243	501 (C) 3	8,150.				MISSION SUPPORT
<b>(8)</b> HELPING HARVEST FRESH FOOD BANK 117 MORGAN DRIVE READING, PA 19608	22-2456238	501 (C) 3	8,150.				MISSION SUPPORT
<b>(9)</b> HUNGER FIGHT, INC 2935 DAWN RD JACKSONVILLE, FL 32207	46-1338834	501 (C) 3	8,100.				MISSION SUPPORT
<b>(10)</b> JAY PUBLIC SCHOOLS 821 N MAIN STREET JAY, OK 74346	73-1222588	501 (C) 3	8,058.				MISSION SUPPORT
<b>(11)</b> EXCHANGE CLUB-CARL PERKINS CENTER FOR THE P 213 CHEYENNE DR JACKSON, TN 38305	62-1123112	501 (C) 3	8,000.				MISSION SUPPORT
<b>(12)</b> THE SALVATION ARMY (BOYS & GIRLS CLUB OF SH 2821 GREENWOOD RD SHREVPOR, LA 71109	58-0660607	501 (C) 3	8,000.	753.			MISSION SUPPORT

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<b>(1)</b> BROWNSBURG JUNIOR LEAGUE FOOTBALL ASSOCIATI PO BOX 73 BROWNSBURG, IN 46112	35-1385026	501 (C) 3	8,000.				MISSION SUPPORT
<b>(2)</b> COMMUNITY HARVEST FOOD BANK OF NORTHEAST IN 999 E TILLMAN RD FORT WAYNE, IN 46816	31-1100607	501 (C) 3	8,000.				MISSION SUPPORT
<b>(3)</b> BIG BROTHERS BIG SISTERS OF CAPITAL REGION, 1519 N 3RD ST STE H HARRISBURG, PA 17102	23-2260248	501 (C) 3	8,000.				MISSION SUPPORT
<b>(4)</b> 4TH AVE GYM FOUNDATION, INC 300 W. 22ND ST YUMA, AR 85364	82-3767765	501 (C) 3	7,900.				MISSION SUPPORT
<b>(5)</b> BIG BROTHERS BIG SISTERS MICHIGAN CAPITAL R 7200 W. SAGINAW HWY. STE 1	38-1515406	501 (C) 3	7,700.				MISSION SUPPORT
<b>(6)</b> BOYS & GIRLS CLUB OF SIERRA VISTA 1746 PASEO SAN LUIS SIERRA VISTA, AR 85635	86-0801728	501 (C) 3	7,686.				MISSION SUPPORT
<b>(7)</b> BOYS & GIRLS CLUBS OF GREATER SAN DIEGO 4635 CLAIREMONT MESA BLVD.	95-1865988	501 (C) 3	7,684.				MISSION SUPPORT
<b>(8)</b> YMCA OF GREATER OKLAHOMA CITY 204 S DUCK ST STILLWATER, OK 74074	73-0579270	501 (C) 3	7,500.				MISSION SUPPORT
<b>(9)</b> KETTERING YOUTH FOOTBALL AND CHEER ORGANIZA P.O. BOX 292054 DAYTON, OH 45429	51-0180756	501 (C) 3	7,500.				MISSION SUPPORT
<b>(10)</b> GIGI'S PLAYHOUSE - FORT WAYNE, LLC 6081 N. CLINTON ST FORT WAYNE, IN 46825	47-4861688	501 (C) 3	7,500.				MISSION SUPPORT
<b>(11)</b> MADONNA SCHOOL & COMMUNITY-BASED SERVICES 6402 N 71ST PLAZA OMAHA, NE 68104	47-0491332	501 (C) 3	7,500.				MISSION SUPPORT
<b>(12)</b> THE DAILY BREAD OF LENAWEE, INC. 302 S. TECUMSEH STREET PO BOX 894	38-3531414	501 (C) 3	7,500.				MISSION SUPPORT

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<b>(1)</b> BIG BROTHERS BIG SISTERS OF CENTRAL OHIO, I 1855 E DUBLIN-GRANVILLE RD	31-4379429	501 (C) 3	7,500.				MISSION SUPPORT
<b>(2)</b> BIG BROTHERS BIG SISTERS OF THE CAPITAL REG P.O. BOX 8468 ALBANY, NE 12208	14-6035512	501 (C) 3	7,500.				MISSION SUPPORT
<b>(3)</b> BOYS & GIRLS CLUBS OF THE ROGUE VALLEY 203 SE 9TH ST GRANTS PASS, OR 97526	93-0588108	501 (C) 3	7,400.				MISSION SUPPORT
<b>(4)</b> BOARD OF EDUCATION FULTON COUNTY SCHOOLS 6201 POWERS FERRY ROAD NW ATLANTA, GA 30339	58-6000246	501 (C) 3	7,261.				MISSION SUPPORT
<b>(5)</b> BOYS & GIRLS CLUB OF ROCKFORD 1040 N SECOND ST STE 1 ROCKFORD, IL 61107	36-2167840	501 (C) 3	7,150.				MISSION SUPPORT
<b>(6)</b> BIG BROTHERS BIG SISTERS OF UTAH, INC 2121 S STATE ST STE 201	87-0336168	501 (C) 3	7,100.				MISSION SUPPORT
<b>(7)</b> BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS & 3150 E. AVE NW STE 103	42-1170475	501 (C) 3	7,100.				MISSION SUPPORT
<b>(8)</b> GALLATIN SHALOM ZONE, INC 600 SMALL ST STE 107 GALLATIN, TN 37066	62-1800512	501 (C) 3	7,000.				MISSION SUPPORT
<b>(9)</b> SECOND HARVEST FOOD BANK OF NORTHWEST PENNS 1507 GRIMM DR ERIE, PA 16501	25-1405798	501 (C) 3	7,000.				MISSION SUPPORT
<b>(10)</b> FOOD BANK OF LINCOLN, INC 1221 KINGBIRD RD LINCOLN, NE 68521	47-0640293	501 (C) 3	6,800.				MISSION SUPPORT
<b>(11)</b> BIG BROTHERS BIG SISTERS OF CONNECTICUT, IN 30 LAUREL ST STE 3 HARTFORD, CO 06106	06-0850379	501 (C) 3	6,800.				MISSION SUPPORT
<b>(12)</b> MID-OHIO FOODBANK DBA MID-OHIO FOOD COLLECT 3960 BROOKHAM DR GROVE CITY, OH 43123	31-0865343	501 (C) 3	6,700.				MISSION SUPPORT

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Schedule I (Form 990) 2023

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include BOYS & GIRLS CLUBS OF THE VALLEY, INC, BOYS & GIRLS CLUB OF CHEYENNE WYOMING, etc.

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BOYS & GIRLS CLUBS OF CHICAGO 2102 W MONROE ST CHICAGO, IL 60612	36-2166997	501 (C) 3	6,225.				MISSION SUPPORT
<b>(2)</b> BOYS & GIRLS CLUBS OF THE GREATER CHIPPEWA 1005 OXFORD AVE EAU CLAIRE, WI 54703	39-2032491	501 (C) 3	6,200.				MISSION SUPPORT
<b>(3)</b> BIG BROTHERS BIG SISTERS OF NORTHWESTERN WI 424 GALLOWAY ST EAU CLAIRE, WI 54703	23-7311200	501 (C) 3	6,200.				MISSION SUPPORT
<b>(4)</b> BOYS & GIRLS CLUBS OF DUNDEE TOWNSHIP 20 S. GROVE ST STE 201	36-4184937	501 (C) 3	6,150.				MISSION SUPPORT
<b>(5)</b> BOYS & GIRLS CLUB OF ELGIN, INC 355 DUNDEE AVE ELGIN, IL 60120	36-3832212	501 (C) 3	6,150.				MISSION SUPPORT
<b>(6)</b> BOYS & GIRLS CLUB OF BRYANT 6401 BOONE RD BRYANT, AR 72022	94-3417100	501 (C) 3	6,000.				MISSION SUPPORT
<b>(7)</b> BOYS & GIRLS CLUB OF NAMPA, INC. 316 STAMPEDE DR NAMPA, ID 83687	82-0504332	501 (C) 3	6,000.				MISSION SUPPORT
<b>(8)</b> BOYS & GIRLS CLUBS OF THE RIVER REGION, INC 631 S PERRY ST MONTGOMERY, AL 36104	63-0302108	501 (C) 3	6,000.				MISSION SUPPORT
<b>(9)</b> BOYS & GIRLS CLUBS OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606	34-4427933	501 (C) 3	6,000.				MISSION SUPPORT
<b>(10)</b> DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO 510 E. N BROADWAY 4TH FLOOR	31-1126185	501 (C) 3	6,000.				MISSION SUPPORT
<b>(11)</b> TERRE HAUTE CATHOLIC CHARITIES FOODBANK P.O. BOX 3318 TERRE HAUTE, IN 47803	31-1074018	501 (C) 3	6,000.				MISSION SUPPORT
<b>(12)</b> THE DREAM CONNECTION PO BOX 10924 KNOXVILLE, TN 37934	58-1678211	501 (C) 3	6,000.				MISSION SUPPORT

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

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

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

Schedule I (Form 990) 2023

**PUBLIC INSPECTION COPY**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FIT-NHNH, INC DBA FAMILIES IN TRANSITION, I 122 MARKET ST MANCHESTER, NE 03101	02-0475414	501 (C) 3	5,960.				MISSION SUPPORT
<b>(2)</b> BOYS & GIRLS CLUBS OF GREATER MEMPHIS 44 S. REMBERT ST MEMPHIS, TN 38104	62-0646371	501 (C) 3	5,800.				MISSION SUPPORT
<b>(3)</b> COMPASSION CLOSET OF EAST TENNESSEE 11020 KINGSTON PIKE SUITE 270	83-3597804	501 (C) 3	5,700.				MISSION SUPPORT
<b>(4)</b> COOPERATIVE MINISTRIES COUNCIL P.O. BOX 733 SCOTTSBLUFF, NE 69363	91-1777967	501 (C) 3	5,600.				MISSION SUPPORT
<b>(5)</b> JUNIOR ACHIEVEMENT OF NORTH FLORIDA, INC 4049 WOODCOCK DR STE 200	59-1021800	501 (C) 3	5,600.				MISSION SUPPORT
<b>(6)</b> FOOD BANK OF IOWA 2220 E. 17TH STREET DES MOINES, IA 50305	42-1177880	501 (C) 3	5,600.				MISSION SUPPORT
<b>(7)</b> JUNIOR ACHIEVEMENT OF CENTRAL IOWA, INC 6100 GRAND AVE DES MOINES, IA 50312	42-0759070	501 (C) 3	5,600.				MISSION SUPPORT
<b>(8)</b> BIG BROTHERS BIG SISTERS OF DANE COUNTY, IN 2059 ATWOOD AVE STE 2 MADISON, WI 53704	39-1077783	501 (C) 3	5,600.				MISSION SUPPORT
<b>(9)</b> BOYS & GIRLS CLUBS OF CENTRAL ORANGE COAST 17701 COWAN STE 110 IRVINE, CA 92614	95-1893417	501 (C) 3	5,597.				MISSION SUPPORT
<b>(10)</b> AEROSPACE AWARENESS INC. 400 W PEACHTREE ST NW UNIT 1714	86-3727211	501 (C) 3	5,500.				MISSION SUPPORT
<b>(11)</b> JUNIOR ACHIEVEMENT OF GREATER HAMPTON ROADS 4460 CORPORATION LANE	54-0799839	501 (C) 3	5,500.				MISSION SUPPORT
<b>(12)</b> MOUNTAIN COMMUNITIES BOYS & GIRLS CLUB 607 FOREST SHADE RD CRESTLINE, CA 92325	33-0653707	501 (C) 3	5,500.				MISSION SUPPORT

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

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

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BOYS & GIRLS CLUBS OF COLUMBUS, INC DBA BOY 1000 CLEVELAND AVENUE COLUMBUS, OH 43201	31-4387575	501 (C) 3	5,500.				MISSION SUPPORT
<b>(2)</b> CORPORATE VOLUNTEER COUNCIL OF ATLANTA 600 MEANS ST NW STE 100 ATLANTA, GA 31117	58-2054790	501 (C) 3	5,500.				MISSION SUPPORT
<b>(3)</b> CULTIVATE CULINARY SCHOOL & CATERING INC DB 1403 PRAIRIE AVE SOUTH BEND, IN 46613	81-3306113	501 (C) 3	5,400.				MISSION SUPPORT
<b>(4)</b> BOYS & GIRLS CLUB OF HAWAII 1000 BISHOP ST STE 505 HONOLULU, HI 96813	99-6005407	501 (C) 3	5,300.				MISSION SUPPORT
<b>(5)</b> BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA, 3 S ROYAL ST STE 300 MOBILE, AL 36602	61-1683905	501 (C) 3	5,300.				MISSION SUPPORT
<b>(6)</b> GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501 (C) 3	5,238.				MISSION SUPPORT
<b>(7)</b> YMCA OF ROCK RIVER VALLEY 200 Y BLVD ROCKFORD, IL 61107	36-2174838	501 (C) 3	5,200.				MISSION SUPPORT
<b>(8)</b> A PRECIOUS CHILD, INC 7051 W. 118TH AVE BROOMFIELD, CO 80020	26-3349334	501 (C) 3	5,200.				MISSION SUPPORT
<b>(9)</b> BOYS & GIRLS CLUBS OF WESTERN NEVADA 1870 RUSSELL WAY CARSON CITY, NE 89706	88-0269139	501 (C) 3	5,150.				MISSION SUPPORT
<b>(10)</b> BOYS & GIRLS CLUBS OF GREATER HIGH POINT 314 BARKER AVE HIGH POINT, NC 27262	56-2094591	501 (C) 3	5,100.				MISSION SUPPORT
<b>(11)</b> BOYS & GIRLS CLUBS OF OCEANSIDE 401 COUNTRY CLUB LANE OCEANSIDE, CA 92054	95-1744805	501 (C) 3	5,082.				MISSION SUPPORT
<b>(12)</b>							

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

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

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

Schedule I (Form 990) 2023

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

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

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

PART I, LINE 2

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

58-1692997

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

- a** The organization? **6a**  **6b**
- b** Any related organization? **6b**  **6c**
- 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**

**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**  **8c**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>	<input checked="" type="checkbox"/>	
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2023



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STUART BROWN 1 EXECUTIVE DIRECTOR	(i)	182,951.	52,309.		9,942.	30,579.	275,781.	NONE
	(ii)							
EMILY CRAWFORD 2 DIRECTOR OF IMPACT	(i)	136,223.	30,113.		6,772.	10,895.	184,003.	NONE
	(ii)							
RYAN VAN SICKLE 3 SR. DIRECTOR OF OPERATIONS	(i)	148,305.	45,312.		6,064.	27,262.	226,943.	
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 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 SALARIED EMPLOYEES PARTICIPATE IN BONUSES.

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open To Public  
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 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.

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

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

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

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

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

PART II, LINE 1

DURING 2021, THE FOUNDATION ENTERED INTO AN AGREEMENT WITH INSPIRE BRANDS, INC. FOR INSPIRE BRANDS, INC. TO PROVIDE FUNDING FOR A GRANT OBLIGATION TO A NONPROFIT. AT DECEMBER 31, 2023 AND 2022, THE OUTSTANDING BALANCE WAS \$150,000 AND \$450,000, RESPECTIVELY, WITH THE REMAINING PAYMENT OF \$150,000 DUE IN 2025.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

Employer identification number

58-1692997

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <u>MARKETING ITEMS</u> )	X	1	50,493.	FMV
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

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**PUBLIC INSPECTION COPY**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

58-1692997

**PART VI, SECTION A, LINE 1A**

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

**PART VI, SECTION A, LINE 2**

THE FOLLOWING BOARD MEMBERS AND OFFICERS HAVE A BUSINESS RELATIONSHIP:  
CHRIS FULLER, CHRIS HELD, COURTNEY LOWE, RITA PATEL, JOHN BOWIE, TANISHIA BEACHAM, JAMES NORTH AND JOHN KELLY.

**PART VI, SECTION A, LINE 7A**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

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 BOARD MEMBERS ARE SENT THE AUDIT AND FORM 990 ONE WEEK PRIOR TO FILING FOR THEIR REVIEW. THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE AUDIT AND FORM 990.

**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 THIRDPARTY REPORT ON FOUNDATION COMPENSATION TO DETERMINE THE APPROPRIATE COMPARATIVE COMPENSATION FOR THE POSITIONS.

**PART VI, SECTION C, LINE 19**

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

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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

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



Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES TO FURTHER OUR MI	8,498,745.	9,964,880.	
TOTALS	8,498,745.	9,964,880.	

Name of the organization

Employer identification number

INSPIRE BRANDS FOUNDATION, INC.

58-1692997

FORM 990, PART VI, LINE 17 - STATES

=====

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INSPIRE BRANDS FOUNDATION, INC.

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

58-1692997

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

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

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

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

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

Schedule R (Form 990) 2023

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) INSPIRE BRANDS, INC. 13-3760393 THREE GLENLAKE PARKWAY ATLANTA, GA 30328	RESTAURANT	DE	N/A	C-CORP	NONE	NONE			X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> Other transfer of cash or property from related organization(s)	X	

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

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

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

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

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

**Part VII** Supplemental Information

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