

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2021**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>ROUND ROOM GIVES, INC.</b>		<b>A Employer identification number</b> <b>84-4783133</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>10300 KINCAID DRIVE SUITE 203</b>	Room/suite	<b>B Telephone number</b> <b>844-822-7625</b>
City or town, state or province, country, and ZIP or foreign postal code <b>FISHERS, IN 46037</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>1,243,522.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	1,487,641.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....				
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....				
	<b>b</b> Gross sales price for all assets on line 6a .....				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....		1,487,641.	0.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees ..... <b>STMT 1</b>	754.	0.		0.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....				
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....	750.	0.		0.
	<b>21</b> Travel, conferences, and meetings .....	10,000.	0.		0.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses ..... <b>STMT 2</b>	8,738.	0.		0.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	20,242.	0.		0.
	<b>25</b> Contributions, gifts, grants paid .....	740,218.			730,218.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	760,460.	0.		730,218.	
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements ...	727,181.				
<b>b Net investment income</b> (if negative, enter -0-) .....		0.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ROUND ROOM GIVES, INC.</b>	Taxpayer identification number (TIN) <b>84-4783133</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10300 KINCAID DRIVE SUITE 203</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FISHERS, IN 46037</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**KRISTI BEHLER**

- The books are in the care of ▶ **10300 KINCAID DRIVE SUITE 203 - FISHERS, IN 46037**

Telephone No. ▶ **844-822-7625** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	733,837.	1,243,522.	1,243,522.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable	40,386.		
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	774,223.	1,243,522.	1,243,522.	
Liabilities	17 Accounts payable and accrued expenses	96.	51,385.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 3)	310,000.	829.	
23 Total liabilities (add lines 17 through 22)	310,096.	52,214.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here			<input type="checkbox"/>
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here			<input checked="" type="checkbox"/>
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
28 Retained earnings, accumulated income, endowment, or other funds	464,127.	1,191,308.		
29 Total net assets or fund balances	464,127.	1,191,308.		
30 Total liabilities and net assets/fund balances	774,223.	1,243,522.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	464,127.
2 Enter amount from Part I, line 27a	2	727,181.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	1,191,308.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	1,191,308.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....		3	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	0.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	2	0.
3	Add lines 1 and 2 .....	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....	5	0.
6	Credits/Payments:		
a	2021 estimated tax payments and 2020 overpayment credited to 2021 .....	6a	0.
b	Exempt foreign organizations - tax withheld at source .....	6b	0.
c	Tax paid with application for extension of time to file (Form 8868) .....	6c	0.
d	Backup withholding erroneously withheld .....	6d	0.
7	Total credits and payments. Add lines 6a through 6d .....	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....	8	0.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b> .....	9	0.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	10	
11	Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition ..... If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year? .....		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
4b If "Yes," has it filed a tax return on Form 990-T for this year? .....		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>IN</u>		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .....	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ▶ <u>WWW.TCCGIVES.COM</u>		
14 The books are in care of ▶ <u>KRISTI BEHLER</u> Telephone no. ▶ <u>844-822-7625</u> Located at ▶ <u>10300 KINCAID DRIVE SUITE 203, FISHERS, IN</u> ZIP+4 ▶ <u>46037</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ..... and enter the amount of tax-exempt interest received or accrued during the year ..... ▶ <u>15</u>   N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4b	X

**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	X	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <b>SEE STATEMENT 4</b>	X	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <b>N/A</b>		
<b>8</b> Is the foundation 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?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SCOTT MOOREHEAD 10300 KINCAID DRIVE SUITE 203 FISHERS, IN 46037	BOARD CHAIRMAN 1.00	0.	0.	0.
JULIE MOOREHEAD 10300 KINCAID DRIVE SUITE 203 FISHERS, IN 46037	BOARD MEMBER & EXECUTIVE DIRECTOR 5.00	0.	0.	0.
CHAD JENSEN 10300 KINCAID DRIVE SUITE 203 FISHERS, IN 46037	BOARD MEMBER 1.00	0.	0.	0.
KATIE WILEY 10300 KINCAID DRIVE SUITE 203 FISHERS, IN 46037	BOARD MEMBER 1.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.



**Part IX** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	0.
b	Average of monthly cash balances .....	1b	896,119.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	896,119.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	896,119.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	13,442.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	882,677.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	44,134.

**Part X** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	44,134.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	44,134.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	44,134.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	44,134.

**Part XI** Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	730,218.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	730,218.

Form 990-PF (2021)

**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				44,134.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020	716,027.			
f Total of lines 3a through e	716,027.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	730,218.			
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				44,134.
e Remaining amount distributed out of corpus	686,084.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	1,402,111.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	1,402,111.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020	716,027.			
e Excess from 2021	686,084.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2021, (b) 2020, (c) 2019, (d) 2018, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

SEE STATEMENT 6

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 5

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
<b>a Paid during the year</b>				
100 BLACK MEN OF SOUTH METRO ATLANTA 1513 EAST CLEVELAND AVENUE, SUITE 100-A EAST POINT, GA 30344	N/A	PC	CREATE AND PRESENT SOCIAL JUSTICE AWARENESS EVENTS IN THE ATLANTA METRO AREA, AS WELL AS	10,000.
A HOUSE IN AUSTIN 533 N PINE CHICAGO, IL 60644	N/A	PC	HELP WITH CURRICULUM, ADVERTISING, SUPPLIES, TRANSPORTATION FOR FAMILIES, AND FOOD AT A FAMILY MENTORING	5,000.
ADVENTURE BAGS, INC. 163 MARTIN LUTHER KING JR. DR. WINDER, GA 30680	N/A	PC	CREATE BAGS FOR CHILDREN WHO HAVE BEEN DISPLACED FROM THEIR HOMES FILLED WITH ESSENTIAL ITEMS	2,000.
AIDS DELAWARE 100 WEST 10TH ST SUITE 315 WILMINGTON, DE 19801	N/A	PC	SUPPORT OF THE CASE MANAGEMENT PROGRAM PROVIDING DIRECT SERVICE TO HIV/AIDS PATIENTS	8,000.
ALBION FELLOWS BACON CENTER PO BOX 3164 EVANSVILLE, IN 47731	N/A	PC	PROVIDE DOMESTIC VIOLENCE SURVIVORS WITH A SAFE SPACE AND A SAFE MEANS OF TRANSPORTATION THROUGH	2,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>740,218.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, and 13 Total.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). The table contains multiple empty rows for input.

**Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash .....		X
(2)	Other assets .....		X
<b>b</b>	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization .....		X
(2)	Purchases of assets from a noncharitable exempt organization .....		X
(3)	Rental of facilities, equipment, or other assets .....		X
(4)	Reimbursement arrangements .....		X
(5)	Loans or loan guarantees .....		X
(6)	Performance of services or membership or fundraising solicitations .....		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Signature of officer or trustee: **CASSE TATE**      Date: \_\_\_\_\_      Title: **EXECUTIVE DIRECTOR**

May the IRS discuss this return with the preparer shown below? See instr.  
 Yes     No

**Paid Preparer Use Only**

Print/Type preparer's name <b>CASSE TATE</b>	Preparer's signature <b>CASSE TATE</b>	Date <b>11/15/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01271193</b>
Firm's name ▶ <b>KSM BUSINESS SERVICES, INC</b>			Firm's EIN ▶ <b>35-2123203</b>	
Firm's address ▶ <b>PO BOX 40857 INDIANAPOLIS, IN 46240</b>			Phone no. <b>(317) 580-2000</b>	

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALBURTIS AREA COMMUNITY CENTER (AACC) 220 W. 2ND ST. ALBURTIS, PA 18011	N/A	PC	REPAIR THE FALLING WALLS OF A BUILDING AND INSTALL A DRAINAGE SYSTEM TO ELIMINATE THE WATER FROM	10,000.
ALL NATIONS WORSHIP ASSEMBLY BALTIMORE 4805 NELSON AVE. BALTIMORE, MD 21215	N/A	PC	PURCHASE AND PROVIDE GROCERIES, CLOTHING, ESSENTIAL NEEDS AND HOUSEHOLD ITEMS FOR LOW-INCOME FAMILIES	2,500.
ALPHA KAPPA ALPHA SORORITY, INC OMICRON PHI OMEGA CHAPTER P.O. BOX OFFICE 2574 KOKOMO, IN 46902	N/A	NC	PROVIDE SOCIAL AWARENESS REGARDING INJUSTICE AND INEQUALITY TO OUR YOUNG BOYS AND GIRLS;	7,500.
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 117 GHANER DRIVE STATE COLLEGE, PA 16803	N/A	PC	BRING A SUICIDE BEREAVEMENT CLINICIAN TRAINING TO THE COMMUNITY	2,000.
AMERICAN LEGION #81 2021 HIGHWAY 10 E BUTLER, AL 36904	N/A	NC	PREVENT INJURY AND SECURE WALLS OF A VETERAN MEMORABILIA BUILDING THROUGH UPDATES	10,000.
AMERIKICK CARES FOUNDATION 8025 ROSSEVELT BLVD. PHILADELPHIA, PA 19152	N/A	PC	PROVIDE FREE GEAR TO CHILDREN WITH DISABILITIES WHO PARTICIPATE IN SPORT PROGRAM	3,000.
ANCHOR HOUSE, INC. PO BOX 765 SEYMOUR, IN 47274	N/A	PC	PROVIDE COMPUTERS, DESKS AND PROGRAM EQUIPMENT FOR A STABILITY AND SELF-SUFFICIENCY	5,000.
ANGEL ONE FOUNDATION 17404 MERIDIAN E STE F254 PUYALLUP, WA 98375	N/A	PC	FULFILL THE NEEDS FOR HOLIDAY EVENTS, AS WELL AS BASIC ITEMS AND SUPPLIES FOR FOOD BANK	2,500.
ANGELS IN MOTION 903 WALNUT AVE. NORTHFIELD, NJ 08225	N/A	PC	PROVIDE MEALS AND ESSENTIAL NEEDS, AS WELL AS HELP IN FINDING TREATMENT FOR PEOPLE SUFFERING FROM	2,000.
ANIMAL ADOPTION CENTER OF BLOUNT COUNTY PO BOX 458 CLEVELAND, AL 35049	N/A	PC	PURCHASE A TRANSPORT VAN FOR ANIMALS TRANSPORTATION TO AND FROM VET	8,000.
<b>Total from continuation sheets</b>				<b>713,218.</b>

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ATHENS AREA HOMELESS SHELTER 620 BARBER STREET ATHENS, GA 30601	N/A	PC	SUPPORT OF A FAMILY ENRICHMENT PROJECT FOR UNHOUSED PARENTS AND THEIR CHILDREN THROUGH THE PURCHASE OF	2,500.
AVENUE 7 INC 3237 SPRING GROVE CIRCLE MEMPHIS, TN 38119	N/A	PC	SUPPORT OF RENT, MARKETING COSTS AND WEBSITE OF MENTORING PROGRAM FOR YOUNG WOMEN	5,000.
AVON EDUCATION FOUNDATION 7203 E US HWY 36 AVON, IN 46123	N/A	PC	EDUCATION ORGANIZATION	3,000.
BEN'S RANCH FOUNDATION INC P.O. BOX 3952 CARMEL, IN 46082	N/A	PC	SUBSIDIZE THE WAGES OF AN ADDITIONAL 15 INTERNS AND SUPPORT PROGRAM DEVELOPMENT AND OUTREACH NECESSARY	5,000.
BEST BUDDIES 8604 ALLISONVILLE ROAD, SUITE 165 INDIANAPOLIS, IN 46250	N/A	PC	SUPPORT OF A CAMPAIGN TO RAISE AWARENESS FOR PROGRAMS FOR INDIVIDUALS WITH INTELLECTUAL AND	2,500.
BEYOND HUNGER 848 LAKE STREET OAK PARK, IL 60301	N/A	PC	ENABLE A HUNGER RELIEF PROGRAM TO KEEP PACE WITH THE GROWING RATE OF FOOD INSECURITY	1,000.
BICYCLE RESURRECTION 112 N. 14TH STREET HERRIN, IL 62948	N/A	PC	PURCHASED USED BICYCLES TO BE REFURBISHED FOR EMPLOYMENT TRANSPORTATION	3,800.
BLACK SCRANTON PROJECT 801 TOWNHOUSE BLVD SCRANTON, PA 18508	N/A	PC	CREATE A VIRTUAL COMMUNITY CENTER AND TOUR FOR A CULTURAL AWARENESS PROGRAM	2,000.
BOYS AND GIRLS CLUBS OF STORY COUNTY 210 SOUTH 5TH STREET AMES, IA 50010	N/A	PC	PROVIDE A HOT MEAL FOR ALL CHILDREN ATTENDING AN AFTERSCHOOL PROGRAM	1,000.
BRANCHES OUTREACH 1304 RT 47 SOUTH RIO GRANDE, NJ 08242	N/A	PC	INCREASE THE FOOD SUPPLY AND EXPANSION EFFORTS THROUGH THE PURCHASE OF FOOD, GASOLINE, SUPPLIES AND	3,000.
<b>Total from continuation sheets</b>				



**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BRAYBOY SAFETY AGAINST DOMESTIC VIOLENCE CRISIS CENTER AND SHELTER 32 LEE RD 407, P.O. BOX 286 MARIANNA, AR 72360	N/A	PC	HOLIDAY OUTREACH PROGRAMS	2,500.
BRIDGES OF HOPE TRUST 1326 ANTIOCH CHURCH RD. HOMERVILLE, GA 31634	N/A	PC	PURCHASE MATERIALS AND RENT EQUIPMENT IN ORDER TO COMPLETE A BATHROOM REMODEL IN A LONG-TERM RESIDENTIAL	3,000.
CACHE CREEK ANIMAL RESCUE 20601 S LAGRANGE RD FRANKFORT, IL 60423	N/A	PC	SUPPORT OF MEDICAL EXPENSES FOR MOM'S AND BABIES AT AN ANIMAL SHELTER	5,000.
CAMERON FOOD PANTRY & CLOTHES CLOSET 302 N. WALNUT CAMERON, MO 64429	N/A	PC	REPLACE WINDOWS IN A BUILDING DESIGNED TO HELP PROVIDE FOOD AND LOW COST CLOTHING TO THOSE WHO MAY BE IN	5,000.
CANDLES HOLOCAUST MUSEUM 1532 S 3RD ST. TERRE HAUTE, IN 47802	N/A	PC	OFFSET THE COST OF AN AUDIO ELEMENT TO BE ADDED TO AN EXHIBIT EDUCATING PEOPLE ON THE HOLOCAUST	2,000.
CENTRAL ILLINOIS CENTER FOR THE BLIND AND VISUALLY IMPAIRED 2905 W GARDEN ST. PEORIA, IL 61605	N/A	PC	ENSURE THAT A FACILITY SUPPORTING BLIND AND VISUALLY IMPAIRED INDIVIDUALS IS SECURE AND HELP WITH ENERGY	10,000.
CHAMPIONS OF YOUTH 1201 N. LINCOLN STREET SUITE D GREENSBURG, IN 47240	N/A	PC	PROVIDE MORE RESOURCES TO FAMILIES THAT MAY INCLUDE SCHOOL SUPPLIES, HYGEINE ITEMS AND GROCERIES	2,000.
CHARITY'S HOME 4805 NELSON AVENUE BALTIMORE, MD 21215	N/A	PC	PURSUE ALL LEVELS OF LIFE SKILLS, RESOURCES, SHELTER, AND BASIC NEEDS FOR CHILDREN AND YOUTH	5,000.
CHILDREN'S HARBOR, INC. 1 OUR CHILDREN'S HIGHWAY ALEXANDER CITY, AL 35010	N/A	PC	REPURPOSE AND RENOVATE A FORMER MAINTENANCE BARN, WHICH WAS USED TO STORE AND MAINTAIN EQUIPMENT, INTO A	10,000.
CHILDREN'S THERAPY CENTER OF THE QUAD CITIES 4450 48TH AVE. CT. ROCK ISLAND, IL 61201	N/A	PC	SUPPORT OF A CHILD WITH SPASTIC CEREBAL PALSY WHOSE MEDICAL BILLS WERE NOT COMPLETELY COVERED	5,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHRISTEL HOUSE ACADEMY, INC. DBA CHRISTEL HOUSE INDIANAPOLIS 3808 SHELBY STREET SUITE 2 INDIANAPOLIS, IN 46227	N/A	PC	SUPPORT OF A PERFORMING ARTS PROGRAM AT A SCHOOL	10,000.
CHRISTIAN NEIGHBORHOOD CENTER OF NORWICH, INC. DBA THE PLACE 22 EAST MAIN ST. PO BOX 509 NORWICH, NY 13815	N/A	PC	ASSIST TEENS IN THE COMMUNITY DEVELOP INTERVIEWING SKILLS AND BUILDING RELATIONSHIPS WITH	1,000.
CITIZENS AGAINST SPOUSE ABUSE, INC. P.O. BOX 1371 SEDALIA, MO 65302	N/A	PC	CREATE A SAFE SPACE IN A DOMESTIC VIOLENCE SHELTER FOR TEENAGE SHELTER RESIDENTS	2,360.
COBURN PLACE SAFE HAVEN 604 E 38TH ST. INDIANAPOLIS, IN 46205	N/A	PC	COVER THE EXPENSES AND INSTALLATION FOR NEW CABINETS, COUNTERTOPS, AND KITCHEN EQUIPMENT IN THE CHILDREN'S	5,000.
COLUMBIA COUNTY HABITAT FOR HUMANITY PO BOX 921 ST. HELENS, OR 97051	N/A	PC	BUILD RAMPS FOR LOW INCOME RESIDENTS WHO ARE WHEELCHAIR BOUND	2,500.
COLUMBIA PACIFIC FOOD BANK P.O. BOX 1031 ST. HELENS, OR 97051	N/A	PC	PURCHASE AND DISTRIBUTION OF FOOD FOR THOSE IN NEED	1,000.
COMMUNITY COALITION FOR CHANGE PO BOX 533 EAST BRIDGEWATER, MA 02333	N/A	PC	SUPPORT OF A CELEBRATION OF MULTICULTURALISM	5,000.
COMMUNITY RESOURCE ENVISION CENTER 130 MCGHEE ROAD STE 220 SANDPOINT, ID 83864	N/A	PC	PROVIDE A HOTEL ROOM AND RESOURCES TO UNHOUSED CITIZENS IN AN ATTEMPT TO GET THEM BACK ON THEIR FEET	10,000.
CONNER PRAIRIE 13400 ALLISONVILLE ROAD FISHERS, IN 46038	N/A	PC	HELP SUBSIDIZE THE REDUCED COST OF ADMISSION FOR QUALIFYING INDIVIDUALS/FAMILIES	10,000.
CRADLES TO CRAYONS 281 NEWTONVILLE AVE NEWTON, MA 02460	N/A	PC	PURCHASE BACKPACKS, SCHOOL SUPPLIES, CLOTHING AND HYGIENE ITEMS FOR CHILDREN RETURNING TO SCHOOL IN	2,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DELAWARE CHAPTER OF THE TEARS FOUNDATION 401 BLACKSTONE RD NEWARK, DE 19713	N/A	PC	PROVIDE EMOTIONAL SUPPORT GATHERINGS FOR BEREAVED FAMILIES, CARE PACKAGES, AND MEMORY BOXES, AS WELL	2,000.
DESTINY INC 139 W ELLIS ROAD SUITE C GRIFFIN, GA 30223	N/A	PC	PUCHASE ITEMS NEEDED TO SUPPORT A FOOD AND HYGEINE PROGRAM	2,500.
DIAKONIA, INC. PO BOX 613 OCEAN CITY, MD 21842	N/A	PC	REPLACE CURRENT LAUNDRY EQUIPMENT THAT IS BROKEN DOWN WITH COMMERCIAL GRADE EQUIPMENT ADEQUATE FOR	12,500.
DO MORE FOUNDATION INC. 923 STRATFORD STREET BETHLEHEM, PA 18018	N/A	PC	PLACE SIGNS AROUND MULTIPLE COMMUNITY PARKS WHICH WILL PROVIDE KIDS A WAY TO LEARN TO INTERACT WITH	7,500.
DRESS FOR SUCCESS PHOENIX 1024 E BUCKEYE ROAD PHOENIX, AZ 85034	N/A	PC	PUBLIC CHARITY	10,000.
EASTERN OREGON CENTER FOR INDEPENDENT LIVING 1021 SW 5TH AVENUE PO BOX 940 ONTARIO, OR 97914	N/A	PC	DEVELOP PLANS TO ADDRESS AN IMMEDIATE AND FUTURE EMERGENCY CRISIS THAT ENHANCES PERSONAL STABILITY AND	8,000.
EASTVIEW WESLEYAN CHURCH 414 N 10TH ST. GAS CITY, IN 46933	N/A	PC	RELIGIOUS ORGANIZATION	2,000.
EDUCATE BEYOND ALL BARRIERS, INC. 55 S. STATE AVENUE, SUITE 3107, PO BOX 601 INDIANAPOLIS, IN 46206	N/A	PC	PROVIDE ONLINE HSE/GED CLASSES FOR LOW OR NO INCOME STUDENTS	2,500.
ENGAGE CHRISTIAN CHURCH 1000 ELGIN AVE. FOREST PARK, IL 60130	N/A	PC	PROGRAM SUPPORT OF SERVICES PROVIDED TO THE COMMUNITY	2,000.
EQUESTRIAN SPIRITS, INC. P.O BOX 23718371 SE 42ND PLACE MORRISTON, FL 32668	N/A	PC	PROVIDE FEED AND GRAIN FOR AN ANIMAL SANCTUARY	10,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAITH LIBERTY MISSION CHURCH FOOD PANTRY 21 N. MAPLE ST. DU QUOIN, IL 62832	N/A	PC	UPDATES AND PURCHASES NEEDED TO SUPPORT A FOOD PANTRY	2,500.
FIRST PRESBYTERIAN CHURCH MEMO: GOOD FOOD COLLABORATIVE 400 E. CARROLL STREET MACOMB, IL 61455	N/A	PC	SUPPORT OF A FOOD PANTRY THROUGH THE PURCHASE OF FOOD, TRANSPORTATION COSTS AND A NEW	3,000.
FISHERS YMCA 9012 E. 126TH STREET FISHERS, IN 46038	N/A	PC	SUPPORT OF THE LIVESTRONG PROGRAM	5,000.
FLAGSTAFF FAMILY FOOD CENTER 3805 E. HUNTINGTON DR. FLAGSTAFF, AZ 86004	N/A	PC	EXPAND MOBIE DISTRIBUTION PROGRAM, INCLUDING CONTRIBUTING TO THE PURCHASE OF A NEW 26-FOOT	2,000.
FOOD 4 SOULS 11807 ALLISONVILLE ROAD #179 FISHERS, IN 46038	N/A	PC	PURCHASE GRILL AND PATIO FURNITURE FOR HOMELESS TRANSITIONAL HOUSING	2,500.
FOR THE LOVE OF PAWS SENIOR PET SANCTUARY INC 12198 COUNTY ROAD 512 FELLSMERE, FL 32948	N/A	PC	PURCHASE A VEHICLE TO PICK UP AND PROVIDE PET FOOD AND PROVIDE TRANSPORTAION FOR SENIOR CITIZENS TO VET	1,000.
FORCESUNITED 701 GREENE ST. SUITE 104 AUGUSTA, GA 30901	N/A	PC	ASSIST VETERANS IN A VARIETY OF NEEDS - TEMPORARY HOUSING, UTILITIES, CELL PHONE SERVICES, EMPLOYMENT	3,000.
FRANKFORT TOWNSHIP FOOD PANTRY 11000 W. LINCOLN HIGHWAY FRANKFORT, IL 60423	N/A	PC	PURCHASE A FORKLIFT TO HELP LOAD AND UNLOAD A FOOD PANTRY TRUCK WITH FOOD	5,000.
FRASER 2400 W 64TH STREET MINNEAPOLIS, MN 55423	N/A	PC	PROVIDE TELE-HEALTH SERVICES TO THOSE IN NEED	4,000.
FRIENDS OF THE LITTLE WHITE HOUSE 238 APPLE BLOSSOM LANE SIMPSONVILLE, SC 29681	N/A	PC	PROVIDE THE BEST EDUCATION TO SPECIAL NEEDS CHILDREN THROUGH THE PURCHASE OF A UNIQUE TOOL, A	7,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRIENDS OF THE POOR 2300 ADAMS AVENUE SCRANTON, PA 18509	N/A	PC	PURCHASE FOOD FOR A FOOD PANTRY	2,500.
GEORGIA MOUNTAIN FOOD BANK 1642 CALVARY INDUSTRIAL DRIVE SW GAINESVILLE, GA 30507	N/A	PC	EXTEND THE LIFE OF ONE OF THE GMFB FORKLIFTS AND IMPROVE WAREHOUSE EFFICIENCY BY REPLACING THE BATTERY	12,500.
GIVING IS A FAMILY TRADITION (GIFT) PO BOX 39313 ST. LOUIS, MO 63139	N/A	PC	PURCHASE ITEMS SUCH AS SAFE SLEEP ENVIRONMENT, DIAPERS/WIPES, CLOTHES, CAR SEAT,	1,000.
GOLDEN HARVEST FOOD BANK 3310 COMMERCE DR. AUGUSTA, GA 30909	N/A	PC	PURCHASE AND DELIVER FOOD FOR THOSE IN NEED	5,000.
GOOD SAMARITAN NETWORK OF HAMILTON COUNTY, INC. 12933 PARKSIDE DRIVE FISHERS, IN 46038	N/A	PC	PURCHASE FOOD FOR YOUTH ASSISTANCE PROGRAM PROVIDING HEALTHY FOOD FOR OVER 800 FOOD INSECURE	10,000.
GOSPEL TRUTH TABERNACLE OF GOD 5169 OGDEN STREET DETROIT, MI 48210	N/A	PC	MEET THE NEEDS OF MITIGATING AND RESTORING A CHURCH BACK FOR PUBLIC USE AFTER A MASSIVE FLOOD	2,000.
GRANT COUNTY FAIR ASSOCIATION PO BOX 162 MARION, IN 46952	N/A	PC	YOUTH DEVELOPMENT	4,000.
GREENSBURG COMMUNITY BREAD OF LIFE, LLC 700 E RANDALL STREET GREENSBURG, IN 47240	N/A	PC	EXPAND THE SPACE OF A FREEZER AND WALK-IN COOLER BY PURCHASING SHELVES AT A FOOD PANTRY	9,000.
GROWING FUTURES EARLY EDUCATION CENTER 8155 SANTA FE DRIVE OVERLAND PARK, KS 66204	N/A	PC	PROVIDE DIVERSITY TRAINING FOR STAFF AND BOARD MEMBERS OF AN EARLY EDUCATION CENTER	4,200.
GUARDIAN FRIENDS OF LEWIS COUNTY PO BOX 445 CHEHALIS, WA 98532	N/A	PC	PURCHASE DUFFEL BAGS TO BE DISTRIBUTED TO CHILDREN ENTERING A FOSTER HOME	2,500.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HAMILTON COUNTY LLAMAS P.O. BOX 527 FISHERS, IN 46038	N/A	PC	ENHANCE THE EFFICIENCY TO A LLAMA RESCUE	2,500.
HARVEST ACADEMY 8769 G 24 HIGHWAY INDIANOLA, IA 50125	N/A	PC	REMODEL A COMMERCIAL KITCHEN AT A RESIDENTIAL LEADERSHIP ACADEMY FOR MEN WHO HAVE HIT ROCK BOTTOM	10,000.
HAVEN HOUSE PO BOX 1150 MCDONOUGH, GA 30253	N/A	PC	PROVIDE MEALS FOR RESIDENTS OF A DOMESTIC VIOLENCE SHELTER	5,000.
HELPING HANDS 116 E DUSTMAN RD SUITE B BUFFTON, IN 46714	N/A	PC	PURCHASE ONLINE CURRICULUM ALLOWING SUPPORT GROUPS TO ACCESS INFORMATION TO STRENGTHEN THEIR	1,100.
HERRIN HOUSE OF HOPE 112 N 14TH ST HERRIN, IL 62948	N/A	PC	PROVIDE APPROXIMATELY 7,000 MEALS OVER THE COURSE OF 7 WEEKS	7,000.
HFH WEST BAY & NRI PO BOX 6743 WARWICK, RI 02887	N/A	PC	ASSIST WITH THE COST OF SITE WORK ON A LOT WHICH WILL BE USED TO BUILD 2 HOMES FOR VETERANS	3,000.
HOMES OF HOPE 818 17TH AVE LEWISTON, ID 83501	N/A	PC	SUPPORT AN ENTIRE FAMILY LIVING WITH FOSTER CHILDREN WITH A NEW SET OF PAJAMAS AT THE HOLIDAY PARTY	2,500.
HOPE FOR HOPE NONPROFIT INC. HOPE FOR HOPE PO BOX 250 MERION STATION, PA 19066	N/A	PC	BUILD A PLACE WHERE FAMILIES WILL BE ABLE TO STAY TO RECUPERATE AND RELAX AS THEY CARE FOR THEIR SICK LOVED	2,000.
HOWARD BROWN HEALTH PO BOX 13500 CHICAGO, IL 60613	N/A	PC	SUPPORT CLIENT ASSISTANCE WITHIN THE AGENCY'S BEHAVIORAL HEALTH SERVICES (BHS) DEPARTMENT FOR LGBTQ	2,500.
HUNGER FIGHT 2935 DAWN ROAD JACKSONVILLE, FL 32207	N/A	PC	ALLOW FOR THE PURCHASE OF RAW MATERIALS NECESSARY TO DISTRIBUTE MEALS	1,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
IDAHO VETERANS ASSISTANCE LEAGUE PO BOX 187 POST FALLS, ID 83877	N/A	PC	SUPPORT OF VETERAN ASSISTANCE PROGRAMS	2,000.
IMPACT CHRISTIAN CHURCH 330 HOOKSTOWN GRADE ROAD MOON TOWNSHIP, PA 15108	N/A	PC	ASSIST WITH THE SUPPORT OF A FREE PLAY SPACE FOR CHILDREN	5,000.
INDIANAPOLIS TOYS FOR TOTS 9801 E.59TH ST. INDIANAPOLIS, IN 46236	N/A	PC	PURCHASE DOLLS OF DIVERSITY AND SPECIAL NEEDS FOR CHILDREN	2,500.
INSPIRATION MINISTRIES, INC. 138 E. 7TH ST. AUBURN, IN 46706	N/A	PC	FUND A KITCHEN TO BE BUILT AT A TRANSITIONAL HOME FOR MEN	2,000.
ISABELLE ACADEMY OF FILM & CREATIVE ARTS PO BOX 3712 HUNTSVILLE, AL 35810	N/A	PC	EXECUTE COVID-19 PREVENTION, ENFORCE STATE AND CITY SAFETY GUIDELINES BY PURCHASING MASKS, PPR	2,500.
JEFFERSON COUNTY 4H CLUB AGRICULTURAL ASSOCIATION DBA JEFFERSON COUNTY 4H FAIRBOARD JEFFERSON COUNTY FAIRGROUNDS 3767 STATE RD 256 MADISON, IN 47250	N/A	PC	UPGRADE CURRENT ELECTRICAL SYSTEM TO KEEP BUILDING UP TO CODE	6,500.
JOURNEY TO HOUSING PROGRAM 6466 N. EVANGELINE ST. DEARBORN HEIGHTS, MI 48127	N/A	PC	PROGAM SUPPORT OF A HOUSING PROGRAM FOR HOMELESS FAMILIES	3,500.
LABER OF LOVE PET RESCUE 917 GARFIELD AVENUE TROY, OH 45373	N/A	PC	PROVIDE HOSPICE CARE FOR OLDER PETS OR THOSE WITH UNTREATABLE MEDICAL CONDITIONS THAT FIND THEMSELVES	5,000.
LACEY TOWNSHIP MIDDLE SCHOOL 660 DENTON AVENUE FORKED RIVER, NJ 08731	N/A	PC	PURCHASE 20 CHROMEBOOKS FOR A GROUP OF TEACHERS AT A MIDDLE SCHOOL	6,000.
LAKE MARTIN ANIMAL SHELTER P O BOX 634 ALEXANDER CITY, AL 35011	N/A	PC	REPAIR KENNEL GATES AND FENCING, AS WELL AS PROVIDE SPAY AND NEUTER SERVICES	5,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LEARN LIVE LOVE CANCER OUTREACH ORGANIZATION 108 FIRST PARISH ROAD BOX 292 SCITUATE, MA 02066	N/A	PC	PROVIDE CRITICAL, IMMEDIATE FINANCIAL RELIEF, PERSONALIZED RESOURCES, AND CUSTOMIZED NETWORKING	5,000.
LEBANON COUNTY HISTORICAL SOCIETY 924 CUMBERLAND STREET LEBANON, PA 17042	N/A	PC	SUPPORT EDUCATIONAL PROGRAMMING	2,000.
LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	N/A	PC	GENERAL PROGRAM SUPPORT	5,000.
LOVE THROUGH LACES 1045 ANTHONY DR. VINELAND, NJ 08360	N/A	PC	PURCHASE NEW SHOES FOR CHILDREN UNDER THE AGE OF 18 YEARS OLD WHO ARE LIVING BELOW THE POVERTY LEVEL	2,000.
LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA, INC. 4615 PHILIPS HWY. JACKSONVILLE, FL 32207	N/A	PC	HELP MEET A FUNDING GAP FOR REFUGEE SERVICES, SPECIFICALLY THE CLIENT ASSISTANCE PROGRAM WHICH PROVIDES	7,500.
MAC A CHEEK LEARNING CENTER 1180 WEST SANDUSKY AVENUE BELLEFONTAINE, OH 43311	N/A	PC	FACILITATE A COPING TECHNIQUE WHICH HELPS STUDENTS VISUALIZE THEIR HEART RHYTHMS AND SEE WHAT HAPPENS	4,200.
MADISON LION'S CLUB- LION'S CLUB INTERNATIONAL PO BOX 2 MADISON, FL 32341	N/A	PC	SUPPORT OF TEACHERS AND SENIORS DURING THE HOLIDAYS	2,500.
MAKING A DIFFERENCE OF LEBANON, PA PO BOX 1425 11 NORTH 9TH STREET LEBANON, PA 17042	N/A	PC	SERVE 150 PEOPLE A HOLIDAY MEAL	1,000.
MARINE MAMMAL STRANDING CENTER PO BOX 773 3625 BRIGANTINE BLVD. BRIGANTINE, NJ 08203	N/A	PC	REPAIR NECESSARY FOR THE HEALTH AND WELL-BEING OF MARINE ANIMALS AND THE PEOPLE WHO WORK WITH THESE	2,500.
NAMI DUPAGE 115 N. COUNTY FARM ROAD WHEATON, IL 60187	N/A	PC	PROVIDE MENTAL HEALTH PRESENTATIONS TO AT LEAST 500 STUDENTS THROUGHOUT DUPAGE COUNTY	2,000.
<b>Total from continuation sheets</b>				



**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NAMI METRO SUBURBAN ATTN: KIMBERLY KNAKE PO BOX 977 OAK PARK, IL 60302	N/A	PC	SUPPORT OF AN OUTREACH AND PROGRAMMING PROGRAM	2,500.
NAWS HUMANE SOCIETY 9981 W. 190TH STREET UNIT A MOKENA, IL 60448	N/A	PC	HELP REMOVE THE FLOORING AND REPLACE IT WITH FLOORING THAT IS EASILY MAINTAINED AND HEALTHIER FOR THE	2,000.
NEWDAY FOUNDATION OF LA PORTE, INC PO BOX 13 LA PORTE, IN 46350	N/A	PC	HELP CANCER PATIENTS AS THEY STRUGGLE WITH THE EVERYDAY CHALLENGES OF TREATMENTS AND THE	2,000.
NORTH MISSOURI CENTER FOR YOUTH AND FAMILIES, INC. 211 LOCUST CHILLICOTHE, MO 64601	N/A	PC	PROVIDE A SAFE AND NURTURING ENVIRONMENT FOR STUDENTS AFTER SCHOOL THROUGH THE INSTALLATION OF A	4,200.
NORTHWEST IOWA AMERICAN LEGION RIDERS 110 PLYMOUTH ST SW LE MARS, IA 51031	N/A	NC	SUPPORT OF GENERAL PROGRAMMING WHICH SERVE VETERANS	5,000.
OFF THE STREETS - LANCASTER 601 EAST DELP RD. LANCASTER, PA 17601	N/A	PC	STABLIZE THE LIVES OF 10 FAMILIES DURING THE HOLIDAYS BY PROVIDING SECURE HOUSING, PURCHASING CRIBS AND	5,000.
OPEN DOOR SERVICE CENTER, INC. 111 W. 6TH STREET SEDALIA, MO 65301	N/A	PC	REPAIRS, MAINTENANCE, OFFICE SUPPLIES AND PAPER PRODUCT PURCHASES TO A SOUP KITCHEN	1,000.
P.U.N.T. FOUNDATION 640 ELLICOTT STREET SUITE 461 BUFFALO, NY 14203	N/A	PC	PROVIDE ASSISTANCE TO FAMILIES WHO HAVE A CHILD WITH PEDIATRIC CANCER	2,000.
PARKE COUNTY RESOURCE CENTER 52 MIDDLE STREET ROSEDALE, IN 47874	N/A	PC	PROVIDE HYGIENE SUPPLIES TO THOSE IN NEED	1,000.
PARTNERS FOR PATRIOTS 703 A DOUGLAS ST. SIOUX CITY, IA 51101	N/A	PC	PURCHASE A SERVICE DOG VEST AND BALANCE HARNESSES WHICH HELP THE DISABLED VETERAN WITH BALANCE ISSUES	8,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PARTNERS FOR PETS, INCORPORATED 4011 MAINTENANCE DRIVE MARIANNA, FL 32448	N/A	PC	PAY FOR VETERINARIAN OFFICE VISITS TO ASSESS THE GENERAL HEALTH AND TO BRING VACCINATIONS UP TO	1,000.
PATHLIGHTS 7808 W. COLLEGE DR. 5TH FLOOR PALOS HEIGHTS, IL 60463	N/A	PC	HELP INDIVIDUALS GET BACK ON THEIR FEET AND IN A FINANCIALLY STABLE PLACE THROUGH AID SUCH AS RENT AND	5,000.
PAWSITIVE HOPE, INC. 11158 TRITTS ST NW CANAL FULTON, OH 44614	N/A	PC	PURCHASE 5 KENNELS FOR ANIMAL RESCUE	4,000.
PAWSITIVE WARRIORS RESCUE PO BOX 8 NEW CARLISLE CARLISLE, OH 45344	N/A	PC	UPDATES NEEDED TO A COMPUTER SYSTEM FOR RECORD KEEPING AND TRANSPORTATION BUS AT AN ANIMAL RESCUE	558.
PERRY COUNTY HUMANE SOCIETY 8365 ILLINOIS STATE ROUTE 14 DU QUOIN, IL 62832-4051	N/A	PC	PURCHASE A CARGO CONTAINER TO BE USED FOR STORAGE AT AN ANIMAL RESCUE	5,300.
PETSINC 300 ORCHARD DRIVE WEST COLUMBIA, SC 29170	N/A	PC	OUTFIT THE INTERIOR OF A MOBILE PET CLINIC WITH THE NECESSARY MEDICAL EQUIPMENT	5,000.
PRIEST RIVER MINISTRIES-ADVOCATES FOR WOMEN 6501 HWY 2 PO BOX 334 PRIEST RIVER, ID 83856	N/A	PC	FINISH THE EMERGENCY SHELTER UPGRADES TO BEST SERVE DOMESTIC VIOLENCE SURVIVORS	10,000.
PROJECT THANKSGIVING 1024 NEW PEAR ST VINELAND, NJ 08360	N/A	PC	PREPARE AND PROVIDE A THANKSGIVING MEAL FOR SEVERAL DIFFERENT VETERAN GROUPS	2,500.
QUILTS OF VALOR FOUNDATION PO BOX 191 112 N 1ST AVE STE 3 WINTERSET, IA 50273	N/A	PC	COVER SERVICE MEMBERS AND VETERANS TOUCHED BY WAR WITH COMFORTING AND HEALING QUILTS	1,500.
RACIAL EQUITY COMMUNITY NETWORK 10624 ASPEN DR FISHERS, IN 46037	N/A	PC	START UP FUNDING NEEDED	5,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RAY OF HOPE MISSION CENTER 960 CRAIGTOWN RD PORT DEPOSIT, MD 21904	N/A	PC	PURCHASE TURKEYS, FOOD, SUPPLIES AND TOYS FOR FAMILIES	2,500.
RKL EDUCATION FOUNDATION 2160 PARLIAMENT DRIVE LAWRENCEVILLE, GA 30043	N/A	PC	REDUCE THE DIGITAL DIVIDE THAT EXISTS BETWEEN THE MINORITIES VERSUS MINORITY COMMUNITIES BY FUNDING	1,000.
RKL EDUCATION FOUNDATION 2160 PARLIAMENT DRIVE LAWRENCEVILLE, GA 30043	N/A	PC	REDUCE THE DIGITAL DIVIDE THAT EXISTS BETWEEN THE MINORITIES VERSUS MINORITY COMMUNITIES BY FUNDING	5,000.
RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE, INC. 712 E SEVENTH AVENUE TALLAHASSEE, FL 32303	N/A	PC	RENOVATE RONALD MCDONALD HOUSE ROOMS WHERE FAMILIES STAY WHEN THEY HAVE A CHILD IN MEDICAL CRISIS	5,000.
RONALD MCDONALD HOUSE CHARITIES OF WESTERN WASHINGTON & ALASKA 5130 40TH AVE. NE SEATTLE, WA 98105	N/A	PC	HOUSE FAMILIES WHOSE CHILD IS RECEIVING EXTENDED MEDICAL TREATMENT	5,000.
SANDPOINT LIONS CLUB FOUNDATION PO BOX 414 SANDPOINT, ID 83864-0414	N/A	PC	PROVIDE TOYS AND DINNER TO LOW INCOME FAMILIES	2,500.
SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM, INC. 795 EAST MAIN STREET SUITE 5 COBLESKILL, NY 12043	N/A	PC	SUPPORT POSITIVE YOUTH DEVELOPMENT BY HAVING THE CHILD ENGAGE IN SELF-ESTEEM BUILDING, COMMUNITY FOCUSED,	2,000.
SCHOOL OF THE CREATIVES 9960 SHOSHONE WAY RANDALLSTOWN, MD 21133	N/A	PC	CREATE A HEALTHY ENVIRONMENT FOR YOUTH WHILE CULTIVATING EACH YOUTH HOLISTICALLY AND THEIR INDIVIDUAL	1,000.
SHARONSWEB AUTISM FOUNDATION 10527 MADISON BROOKS DRIVE FISHERS, IN 46040	N/A	PC	ASSIST WITH THE NEEDS ASSOCIATED WITH A FAMILY AND CAREGIVER TRAINING OF MIND-BODY CONNECTION TO ALLOW	5,000.
SHEPHERD'S CENTER OF HAMILTON COUNTY 1250 CONNER STREET NOBLESVILLE, IN 46060	N/A	PC	HOLIDAY OUTREACH PROGRAMS	10,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SHOWERS OF GRACE OF MICHIGAN 14879 SNOWDEN ST. DETROIT, MI 48227	N/A	PC	IMPROVE OUTCOMES FOR AT-RISK YOUTHS THROUGH POSITIVE YOUTH DEVELOPMENT. WE FULFILL OUR MISSION BY	4,500.
SPEAKING TRUTH AND NEVER DOUBTING UNLIMITED POTENTIAL (STANDUP INC) 6600 SUGARLOAF PARKWAY SUITE 400-375 DULUTH, GA 30097	N/A	PC	ALLOCATE 10, \$1000 SCHOLARSHIPS FOR HIGH SCHOOL SENIORS GOING TO COLLEGE	2,000.
SPECIAL OLYMPICS ILLINOIS 1740 INNOVATION DR. UNIT 23 CARBONDALE, IL 62903	N/A	PC	PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION FOR CHILDREN AND ADULTS WITH	4,800.
SPECIALIZED EQUINE SERVICES AND THERAPEUTIC RIDING (SES) 722 GIANT CITY ROAD MAKANDA, IL 62958	N/A	PC	PROVIDE THE THERPEUTIC RIDING SERVICES TO VETERANS ONCE A WEEK AT NO COST	2,000.
SPIRIT & TRUTH APOSTOLIC CHURCH 520 HARTFORD TURNPIKE, SUITE Z VERNON, CT 06066	N/A	PC	RENT STORAGE SPACE FOR THREE MONTHS TO HOUSE COATS, FOR U-HAUL RENTAL VANS TO TRANSPORT THE COATS TO	2,000.
ST. LUKE'S IN THE DESERT INC, DBA ST LUKE'S HOME 615 E ADAMS ST. TUCSON, AZ 85705	N/A	PC	PROVIDEFUNDING FOR NUTRITIOUS FOODS FOR ELDERS, GIVING THEM ENERGY FOR PHYSICAL EXERCISE, FUEL FOR	1,000.
STARFISH INITIATIVE 2955 NORTH MERIDIAN STREET SUITE 101 INDIANAPOLIS, IN 46208	N/A	PC	FOCUS ON AND BUILD OUT VIRTUAL AND HYBRID AND RESUME IN-PERSON DEVELOPMENT TRAINING OPPORTUNITIES FOR	2,500.
SUCCESSTEAM 1030 TODD AVE. NORTH AUGUSTA, SC 29841	N/A	PC	HELP IMPLEMENT A BIG BROTHER MENTORING EVENT FOR 100 YOUNG MEN	6,500.
SUDBURY FOR WOUNDED WARRIORS PO BOX 1166 70 FIRECUT LANE SUDBURY, MA 01776	N/A	PC	HELP TREAT AND HEAL DEVASTATING INJURIES FOR AMERICAN SERVICE MEN AND WOMEN RETURNING FROM WAR	5,000.
SUNNYSIDE UNIFIED SCHOOL DISTRICT FOUNDATION 2238 E. GINTER RD. TUCSON, AZ 85706	N/A	PC	CONTINUE RUNNING AN EMERGENCY RELIEF WORK THROUGH THE DISTRICT WHICH WILL INCLUDE PURCHASING GROCERY	2,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SUNRISE THERAPEUTIC RIDING CENTER 2670 MINNEMAN RD. RICHMOND, IN 47374	N/A	PC	REPLENISH SCHOLARSHIP PROGRAM FUND TO FINANCIALLY ASSIST RIDERS WHO RECEIVE SHARPLY DISCOUNTED	3,700.
TAKING A STEP BEYOND, LLC 1509 BROWN ROAD HEPHZIBAH, GA 30815	N/A	PC	PROVIDE YOUNG MEN WITH PERSONAL EMPOWERMENT, SUPPORT, COMPASSION, EDUCATION, MENTORING AND LOVE IN A SOLID	2,000.
TEACH RESOURCE GROUP 4430 MCCOY STREET #26713 INDIANAPOLIS, IN 46226	N/A	PC	EMPOWER COMMUNITY PARTICIPANTS WITH EMPLOYABILITY STRENGTHS, LEADERSHIP SKILLS, AND ECONOMIC	2,500.
TERRE HAUTE WOMEN'S CLUB P.O. BOX 3217 TERRE HAUTE, IN 47803	N/A	PC	PURCHASE NEW SHOES AND SOCKS FOR THE CHILDREN IN NEED	2,000.
THE CHILDREN'S HOUSE CHILD ADVOCACY CENTER PO BOX 335 TOWANDA, PA 18848	N/A	PC	PURCHASE A SECURITY SYSTEM, PHONES AND FURNITURE FOR A SPACE USED FOR TRAUMA THERAPYU	2,500.
THE COUNCIL OF SOUTHEAST PA, INC. 4459 W. SWAMP ROAD DOYLESTOWN, PA 18902	N/A	PC	SUPPORT WOMEN IN RECOVERY BY PROVIDING A PLACE TO LIVE, RENT-FREE	5,000.
THE DISCOVERY CENTER OF THE SOUTHERN TIER 60 MORGAN RD BINGHAMTON, NY 13903	N/A	PC	SUPPORT OF UPDATES NEEDED AT AN OUTDOOR INTERACTIVE MUSEUM	10,000.
THE GRANT COUNTY RESCUE MISSION 423 S. GALLITAN ST. MARION, IN 46953	N/A	PC	INSTALLATION AND MATERIALS TO FOR A COMMERCIAL DISHWASHER AT A HOMELESS SHELTER	10,000.
THE GRANT COUNTY RESCUE MISSION 423 S. GALLITAN ST. MARION, IN 46953	N/A	PC	INSTALLATION AND MATERIALS TO FOR A COMMERCIAL DISHWASHER AT A HOMELESS SHELTER	1,000.
THE HELPING HANDS OF ROSEVILLE INC 265 W. PENN AVE. PO BOX 342 ROSEVILLE, IL 61473	N/A	PC	PURCHASE CANNED FOOD FOR FAMILIES IN NEED DURING THE PANDEMIC	1,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE OPEN LINK 452 PENN STREET PENNSBURG, PA 18073	N/A	PC	UPDATES NEEDED TO RAMPS AND SIDEWALKS USED BY THOSE IN WHEELCHAIRS AT A COMMUNITY CENTER	10,000.
THE PLAY FOR JAKE FOUNDATION 612 MONROE LAPORTE, IN 46350	N/A	PC	SUPPORT OF A PROGRAM PROVIDING HEART SCREENINGS FOR YOUTH	4,500.
THE ROSE LOWENSTEIN FOUNDATION FOR CHILDHOOD CANCER AWARENESS 403 W 4TH ST CAMERON, MO 64429	N/A	PC	AWARD AN AREA SENIOR AFFECTED BY CHILDHOOD CANCER A SCHOLARSHIP TO DEFRAY THE COSTS OF THEIR HIGHER EDUCATION	2,000.
THE SHELTER, INC 308 N EASTERN AVE PO BOX 144 CONNERSVILLE, IN 47331	N/A	PC	SUPPORT A HOMELESS SHELTER PROGRAMS, INCLUDING UTILITIES, HYGIENE SUPPLIES, MEDICATION, PHONES AND	2,000.
THE TRAINING CENTER 2011 W 10TH ST MARION, IN 46953	N/A	PC	PURCHASE HEALTHY NUTRITIOUS FOOD TO PROVIDE MEALS AND SNACKS FOR STUDENTS ENROLLED AT AN	1,000.
TOWNSHEND COMMUNITY FOOD SHELF 46 COMMON ROAD TOWNSHEND, VT 05353	N/A	PC	PURCHASE FOOD FROM THE VERMONT FOOD BANK, TO SUPPORT FAMILIES WITH HOLIDAY GIFTS FOR THEIR CHILDREN AND TO	2,500.
TRI CITIES PUENTES INITIATIVE 524 WASHINGTON AVE GRAND HAVEN, MI 49417	N/A	PC	PROVIDE FUNDS FOR FLAGS, A CUISINE SHOWCASE AND A CONCERT AT TA HISPANIC LATIN AMERICAN FESTIVAL	2,000.
UNITED CHURCHES OF LYCOMING COUNTY 202 EAST THIRD STREET WILLIAMSPORT, PA 17701	N/A	PC	PROVIDE EMERGENCY FOOD TO PEOPLE FOR SPECIAL OCCASIONS	2,000.
UNITED WAY OF LA PORTE COUNTY 422 FRANKLIN ST SUITE D MICHIGAN CITY, IN 46360	N/A	PC	REBUILD A PLAYGROUND IN A COMMUNITY	5,000.
UNIVERSAL CHRISTIAN EVANGELISTIC CHURCH 50 BESSOM STREET LYNN, MA 01902	N/A	PC	PURCHASE INSTRUMENTS FOR A MUSIC PROGRAM	2,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VAN GO, INC. 715 NEW JERSEY PO BOX 153 LAWRENCE, KS 66044	N/A	PC	PURCHASE ART SUPPLIES TO CREATE \$20,000 WORTH OF ARTWORK, PROMOTE AN EVENT, AND HELP SUPPORT THE	2,500.
WARRIORS HELPING WARRIORS, INC 104 S. BROAD ST. MIDDLETOWN, DE 19709	N/A	PC	PROVIDE ACCOUNTING AND SOFTWARE TO AN ORGANIZATION WORKING WITH VETERANS	2,000.
WATERBOYZ FOR JESUS 7138 PROCLAMATION PLACE FREDERICK, MD 21703	N/A	PC	UPDATE HOMES AND PROVIDE NEW APPLIANCES AND UTILITY PAYMENTS FOR SINGLE MOTHERS AND ELDERLY	4,000.
WEST COAST BOXING ACADEMY PO BOX 1213 VENETA, OR 97487	N/A	PC	PURCHASE BOXING EQUIPMENT TO BE USED BY INDIVIDUALS AFFECTED BY PARKINSON'S DISEASE	5,000.
WILLOW CENTER INC. 1714 G STREET LEWISTON, ID 83501	N/A	PC	IMPLEMENT A NEW YOUNG ADULT SUPPORT GROUP FOR 19 - 29-YEAR-OLD GRIEVING THE DEATH OF A LOVED ONE,	10,000.
WOLF CREEK HABITAT AND RESCUE 14099 WOLF CREEK ROAD BROOKVILLE, IN 47012	N/A	PC	EDUCATE ON THE NATURE AND HABITAT OF WOLVES THROUGH UPGRADES NEEDED TO AN UP-CLOSE AND PERSONAL ENCOUNTER	1,000.
WOMEN AWARE, INC. 250 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901	N/A	PC	PROVIDE DIRECT CLIENT ASSISTANCE THAT INCLUDES PURCHASING GIFT CARDS FOR RESIDENTIAL CLIENTS AT	2,000.
WOMEN VETERAN SOCIAL JUSTICE NETWORK INC 2002 SUMMIT BOULEVARD SUITE 300 ATLANTA, GA 30319	N/A	PC	IDENTIFY, CONNECT AND EMPOWER WOMEN OF MILITARY AND VETERAN EXPERIENCE STATUS OF EVERY ERA AND SERVICE	1,000.
WOMEN VETERAN SOCIAL JUSTICE NETWORK INC 2002 SUMMIT BOULEVARD SUITE 300 ATLANTA, GA 30319	N/A	PC	IDENTIFY, CONNECT AND EMPOWER WOMEN OF MILITARY AND VETERAN EXPERIENCE STATUS OF EVERY ERA AND SERVICE	5,000.
YOU EAT I EAT COMMUNITY UNITY FOOD PANTRY CORP 8888 DYER STREET SUITE #513 EL PASO, TX 79904	N/A	PC	AUGMENT GENERAL OPERATING COSTS INCLUDING FOOD, SUPPLIES, RENT AND UTILITIES	3,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YOUTH FOR A BETTER FUTURE 1348 N SEDGWICK ST CHICAGO, IL 60610	N/A	PC	PURCHASE EQUIPMENT TO EDUCATE YOUTH ON THE PRINCIPLES OF ROBOTICS AND CODING	2,500.
YOUTH MENTORING INITIATIVE PO BOX 743 FISHERS, IN 46038	N/A	PC	SUPPORT OF YOUTH MENTORING	5,000.
YOUTH VILLAGES 130 DEMAREE DRIVE MADISON, IN 47250	N/A	PC	PROVIDE EMERGENCY ASSISTANCE TO FAMILIES IN CRISIS WHO ARE RECOVERING FROM TRAUMA OR ABUSE	2,000.
YWCA DAYTON 141 W. THIRD ST DAYTON, OH 45402	N/A	PC	PURCHASE AND INSTALLATION OF SECURITY CAMERAS AND KEYPAD LOCKS AT ITS PREBLE COUNTY	10,000.
YWCA NORTHEAST INDIANA 5920 DECATUR ROAD FORT WAYNE, IN 46816	N/A	PC	PROVIDE FLEXIBLE FUNDING FOR CLIENTS EXPERIENCING DOMESTIC VIOLENCE TO ADDRESS BARRIERS TO SUCCESS	5,000.
<b>Total from continuation sheets</b> .....				



Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - 100 BLACK MEN OF SOUTH METRO ATLANTA

CREATE AND PRESENT SOCIAL JUSTICE AWARENESS EVENTS IN THE ATLANTA METRO AREA, AS WELL AS DOMESTIC VIOLENCE AWARENESS PROGRAMMING

NAME OF RECIPIENT - A HOUSE IN AUSTIN

HELP WITH CURRICULUM, ADVERTISING, SUPPLIES, TRANSPORTATION FOR FAMILIES, AND FOOD AT A FAMILY MENTORING PROGRAM

NAME OF RECIPIENT - ALBION FELLOWS BACON CENTER

PROVIDE DOMESTIC VIOLENCE SURVIVORS WITH A SAFE SPACE AND A SAFE MEANS OF TRANSPORTATION THROUGH THE INSTALLATION OF CAMERAS AND UBER/LYFT GIFT CERTIFICATES

NAME OF RECIPIENT - ALBURTIS AREA COMMUNITY CENTER (AACC)

REPAIR THE FALLING WALLS OF A BUILDING AND INSTALL A DRAINAGE SYSTEM TO ELIMINATE THE WATER FROM REPLICATING THE ISSUE IN THE FUTURE

NAME OF RECIPIENT - ALPHA KAPPA ALPHA SORORITY, INC OMICRON PHI OMEGA CHAPTER

PROVIDE SOCIAL AWARENESS REGARDING INJUSTICE AND INEQUALITY TO OUR YOUNG BOYS AND GIRLS; HELPING THEM FACE THE MANY CHALLENGES IN THE WORLD TODAY RELATING TO SYSTEMIC RACISM

NAME OF RECIPIENT - ANCHOR HOUSE, INC.

PROVIDE COMPUTERS, DESKS AND PROGRAM EQUIPMENT FOR A STABILITY AND SELF-SUFFICIENCY PROGRAM AT A HOMELESS SHELTER

NAME OF RECIPIENT - ANGELS IN MOTION

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

PROVIDE MEALS AND ESSENTIAL NEEDS, AS WELL AS HELP IN FINDING TREATMENT FOR PEOPLE SUFFERING FROM THE DISEASE OF ADDICTION

NAME OF RECIPIENT - ATHENS AREA HOMELESS SHELTER

SUPPORT OF A FAMILY ENRICHMENT PROJECT FOR UNHOUSED PARENTS AND THEIR CHILDREN THROUGH THE PURCHASE OF MUSICAL INSTRUMENTS

NAME OF RECIPIENT - BEN'S RANCH FOUNDATION INC

SUBSIDIZE THE WAGES OF AN ADDITIONAL 15 INTERNS AND SUPPORT PROGRAM DEVELOPMENT AND OUTREACH NECESSARY TO DESIGN AND LAUNCH A NEW, SMALL GROUP PROGRAM FOR LOCAL SCHOOLS; SUPPORT OUTREACH AND RECRUITING OF NEW HOST-EMPLOYERS AND REFERRAL PARTNERS INCLUDING MENTAL HEALTH PROFESSIONALS AND SCHOOL COUNSELORS IN LOCAL SCHOOLS

NAME OF RECIPIENT - BEST BUDDIES

SUPPORT OF A CAMPAIGN TO RAISE AWARENESS FOR PROGRAMS FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

NAME OF RECIPIENT - BRANCHES OUTREACH

INCREASE THE FOOD SUPPLY AND EXPANSION EFFORTS THROUGH THE PURCHASE OF FOOD, GASOLINE, SUPPLIES AND UTILITIES AT A FOOD PANTRY

NAME OF RECIPIENT - BRIDGES OF HOPE TRUST

PURCHASE MATERIALS AND RENT EQUIPMENT IN ORDER TO COMPLETE A BATHROOM REMODEL IN A LONG-TERM RESIDENTIAL RECOVERY CENTER

NAME OF RECIPIENT - CAMERON FOOD PANTRY & CLOTHES CLOSET

REPLACE WINDOWS IN A BUILDING DESIGNED TO HELP PROVIDE FOOD AND LOW

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

COST CLOTHING TO THOSE WHO MAY BE IN NEED

NAME OF RECIPIENT - CENTRAL ILLINOIS CENTER FOR THE BLIND AND VISUALLY IMPAIRED

ENSURE THAT A FACILITY SUPPORTING BLIND AND VISUALLY IMPAIRED INDIVIDUALS IS SECURE AND HELP WITH ENERGY LOSS BY THE INSTALLATION OF NEW WINDOWS

NAME OF RECIPIENT - CHARITY'S HOME

PURSUE ALL LEVELS OF LIFE SKILLS, RESOURCES, SHELTER, AND BASIC NEEDS FOR CHILDREN AND YOUTH WITHIN THE URBAN COMMUNITY

NAME OF RECIPIENT - CHILDREN'S HARBOR, INC.

REPURPOSE AND RENOVATE A FORMER MAINTENANCE BARN, WHICH WAS USED TO STORE AND MAINTAIN EQUIPMENT, INTO A MULTI-USE BUILDING FOR CAMP PARTNERS

NAME OF RECIPIENT - CHRISTIAN NEIGHBORHOOD CENTER OF NORWICH, INC. DBA THE PLACE

ASSIST TEENS IN THE COMMUNITY DEVELOP INTERVIEWING SKILLS AND BUILDING RELATIONSHIPS WITH SENIOR CITIZENS IN THE AREA

NAME OF RECIPIENT - COBURN PLACE SAFE HAVEN

COVER THE EXPENSES AND INSTALLATION FOR NEW CABINETS, COUNTERTOPS, AND KITCHEN EQUIPMENT IN THE CHILDREN'S SERVICES AREA OF A DOMESTIC VIOLENCE SHELTER

NAME OF RECIPIENT - CRADLES TO CRAYONS

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

PURCHASE BACKPACKS, SCHOOL SUPPLIES, CLOTHING AND HYGIENE ITEMS FOR CHILDREN RETURNING TO SCHOOL IN THE FALL

NAME OF RECIPIENT - DELAWARE CHAPTER OF THE TEARS FOUNDATION  
 PROVIDE EMOTIONAL SUPPORT GATHERINGS FOR BEREAVED FAMILIES, CARE PACKAGES, AND MEMORY BOXES, AS WELL AS PROVIDE FINANCIAL ASSISTANCE TO ASSIST FAMILIES WITH MAKING FINAL ARRANGEMENTS FOR THE LOSS OF A BABY

NAME OF RECIPIENT - DIAKONIA, INC.  
 REPLACE CURRENT LAUNDRY EQUIPMENT THAT IS BROKEN DOWN WITH COMMERCIAL GRADE EQUIPMENT ADEQUATE FOR THE UP TO 50 BED EMERGENCY HOUSING/SHELTER FOR HOMELESS MEN, WOMEN AND FAMILIES

NAME OF RECIPIENT - DO MORE FOUNDATION INC.  
 PLACE SIGNS AROUND MULTIPLE COMMUNITY PARKS WHICH WILL PROVIDE KIDS A WAY TO LEARN TO INTERACT WITH OTHER KIDS IN THE PARK WHO ARE HEARING IMPAIRED

NAME OF RECIPIENT - EASTERN OREGON CENTER FOR INDEPENDENT LIVING  
 DEVELOP PLANS TO ADDRESS AN IMMEDIATE AND FUTURE EMERGENCY CRISIS THAT ENHANCES PERSONAL STABILITY AND EMPOWERMENT OF INDIVIDUALS WITH DISABILITIES

NAME OF RECIPIENT - FIRST PRESBYTERIAN CHURCH MEMO: GOOD FOOD COLLABORATIVE  
 SUPPORT OF A FOOD PANTRY THROUGH THE PURCHASE OF FOOD, TRANSPORTATION COSTS AND A NEW REFRIGERATOR/FREEZERE

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - FLAGSTAFF FAMILY FOOD CENTER

EXPAND MOBIE DISTRIBUTION PROGRAM, INCLUDING CONTRIBUTING TO THE PURCHASE OF A NEW 26-FOOT REFRIGERATED TRUCK, INCREASED TRANSPORTATION COSTS, SUPPLIES AND OUTREACH

NAME OF RECIPIENT - FOR THE LOVE OF PAWS SENIOR PET SANCTUARY INC

PURCHASE A VEHICLE TO PICK UP AND PROVIDE PET FOOD AND PROVIDE TRANSPORTAION FOR SENIOR CITIZENS TO VET APPOINTMENTS

NAME OF RECIPIENT - FORCESUNITED

ASSIST VETERANS IN A VARIETY OF NEEDS - TEMPORARY HOUSING, ULTILITIES, CELL PHONE SERVICES, EMPLOYMENT SERVICES

NAME OF RECIPIENT - FRIENDS OF THE LITTLE WHITE HOUSE

PROVIDE THE BEST EDUCATION TO SPECIAL NEEDS CHILDREN THROUGH THE PURCHASE OF A UNIQUE TOOL, A PROMETHEAN BOARD

NAME OF RECIPIENT - GEORGIA MOUNTAIN FOOD BANK

EXTEND THE LIFE OF ONE OF THE GMFB FORKLIFTS AND IMPROVE WAREHOUSE EFFICIENCY BY REPLACING THE BATTERY AND TIRES ON THE FORKLIFT, ALLOWING GMFB TO HAVE TWO FORKLIFTS READY TO MOVE FOOD

NAME OF RECIPIENT - GIVING IS A FAMILY TRADITION (GIFT)

PURCHASE ITEMS SUCH AS SAFE SLEEP ENVIRONMENT, DIAPERS/WIPES, CLOTHES, CAR SEAT, FEEDING SUPPLIES, HOUSEHOLD CLEANERS, BATH & BATH SUPPLIES, AND MORE FOR BABIES LEAVING THE NICO

NAME OF RECIPIENT - GOOD SAMARITAN NETWORK OF HAMILTON COUNTY, INC.

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

PURCHASE FOOD FOR YOUTH ASSISTANCE PROGRAM PROVIDING HEALTHY FOOD FOR  
OVER 800 FOOD INSECURE CHILDREN

NAME OF RECIPIENT - HARVEST ACADEMY

REMODEL A COMMERCIAL KITCHEN AT A RESIDENTIAL LEADERSHIP ACADEMY FOR  
MEN WHO HAVE HIT ROCK BOTTOM BY PAYING FOR THE MATERIALS

NAME OF RECIPIENT - HELPING HANDS

PURCHASE ONLINE CURRICULUM ALLOWING SUPPORT GROUPS TO ACCESS  
INFORMATION TO STRENGTHEN THEIR FAMILIES

NAME OF RECIPIENT - HOPE FOR HOPE NONPROFIT INC.

BUILD A PLACE WHERE FAMILIES WILL BE ABLE TO STAY TO RECUPERATE AND  
RELAX AS THEY CARE FOR THEIR SICK LOVED ONES

NAME OF RECIPIENT - HOWARD BROWN HEALTH

SUPPORT CLIENT ASSISTANCE WITHIN THE AGENCY'S BEHAVIORAL HEALTH  
SERVICES (BHS) DEPARTMENT FOR LGBTQ PEOPLE INCLUDING GROCERY SUPPORT,  
EMERGENCY FINANCIAL ASSISTANCE, UTILITY ASSISTANCE AND TRANSPORTATION

NAME OF RECIPIENT - ISABELLE ACADEMY OF FILM & CREATIVE ARTS

EXECUTE COVID-19 PREVENTION, ENFORCE STATE AND CITY SAFETY GUIDELINES  
BY PURCHASING MASKS, PPR FOR STAFF AND VOLUNTEERS

NAME OF RECIPIENT - LABER OF LOVE PET RESCUE

PROVIDE HOSPICE CARE FOR OLDER PETS OR THOSE WITH UNTREATABLE MEDICAL  
CONDITIONS THAT FIND THEMSELVES WITHOUT A FAMILY

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - LEARN LIVE LOVE CANCER OUTREACH ORGANIZATION  
 PROVIDE CRITICAL, IMMEDIATE FINANCIAL RELIEF, PERSONALIZED RESOURCES,  
 AND CUSTOMIZED NETWORKING OPTIONS TO WOMEN CANCER PATIENTS AND THEIR  
 FAMILIES IN LOCAL MASSACHUSETTS COMMUNITIES

NAME OF RECIPIENT - LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA, INC.  
 HELP MEET A FUNDING GAP FOR REFUGEE SERVICES, SPECIFICALLY THE CLIENT  
 ASSISTANCE PROGRAM WHICH PROVIDES NECESSITIES FOR SETTING UP A NEW  
 HOUSEHOLD.

NAME OF RECIPIENT - MAC A CHEEK LEARNING CENTER  
 FACILITATE A COPING TECHNIQUE WHICH HELPS STUDENTS VISUALIZE THEIR  
 HEART RHYTHMS AND SEE WHAT HAPPENS IN THEIR BODIES WHEN THEY GET  
 STRESSED

NAME OF RECIPIENT - MARINE MAMMAL STRANDING CENTER  
 REPAIR NECESSARY FOR THE HEALTH AND WELL-BEING OF MARINE ANIMALS AND  
 THE PEOPLE WHO WORK WITH THESE ANIMALS AT A RESCUE

NAME OF RECIPIENT - NAWA HUMANE SOCIETY  
 HELP REMOVE THE FLOORING AND REPLACE IT WITH FLOORING THAT IS EASILY  
 MAINTAINED AND HEALTHIER FOR THE PETS IN CARE

NAME OF RECIPIENT - NEWDAY FOUNDATION OF LA PORTE, INC  
 HELP CANCER PATIENTS AS THEY STRUGGLE WITH THE EVERYDAY CHALLENGES OF  
 TREATMENTS AND THE OBSTACLES THAT THEY MAY FACE SUCH AS INSURANCE AND  
 UTILITY PAYMENTS OR GAS AND GROCERY NEEDS

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - NORTH MISSOURI CENTER FOR YOUTH AND FAMILIES, INC.

PROVIDE A SAFE AND NURTURING ENVIRONMENT FOR STUDENTS AFTER SCHOOL THROUGH THE INSTALLATION OF A FENCE FOR A PLAYGROUND

NAME OF RECIPIENT - OFF THE STREETS - LANCASTER

STABLIZE THE LIVES OF 10 FAMILIES DURING THE HOLIDAYS BY PROVIDING SECURE HOUSING, PURCHASING CRIBS AND MATTRESSES

NAME OF RECIPIENT - PARTNERS FOR PATRIOTS

PURCHASE A SERVICE DOG VEST AND BALANCE HARNESES WHICH HELP THE DISABLED VETERAN WITH BALANCE ISSUES BECAUSE OF TBI. (TRAUMATIC BRAIN INJURY)

NAME OF RECIPIENT - PARTNERS FOR PETS, INCORPORATED

PAY FOR VETERINARIAN OFFICE VISITS TO ASSESS THE GENERAL HEALTH AND TO BRING VACCINATIONS UP TO DATE FOR NEW ANIMALS BROUGHT INTO THE SHELTER

NAME OF RECIPIENT - PATHLIGHTS

HELP INDIVIDUALS GET BACK ON THEIR FEET AND IN A FINANCIALLY STABLE PLACE THROUGH AID SUCH AS RENT AND UTILITIES

NAME OF RECIPIENT - RKL EDUCATION FOUNDATION

REDUCE THE DIGITAL DIVIDE THAT EXISTS BETWEEN THE MINORITIES VERSUS MINORITY COMMUNITIES BY FUNDING A CODING ACADEMY

NAME OF RECIPIENT - RKL EDUCATION FOUNDATION

REDUCE THE DIGITAL DIVIDE THAT EXISTS BETWEEN THE MINORITIES VERSUS MINORITY COMMUNITIES BY FUNDING A CODING ACADEMY



Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SCHOHARIE COUNTY COMMUNITY ACTION PROGRAM, INC.

SUPPORT POSITIVE YOUTH DEVELOPMENT BY HAVING THE CHILD ENGAGE IN SELF-ESTEEM BUILDING, COMMUNITY FOCUSED, SKILL BUILDING ACTIVITIES WITH POSITIVE ROLE MODELS

NAME OF RECIPIENT - SCHOOL OF THE CREATIVES

CREATE A HEALTHY ENVIRONMENT FOR YOUTH WHILE CULTIVATING EACH YOUTH HOLISTICALLY AND THEIR INDIVIDUAL LEARNING STYLE THROUGH AFTER SCHOOL AND CAMP PROGRAMS

NAME OF RECIPIENT - SHARONSWEB AUTISM FOUNDATION

ASSIST WITH THE NEEDS ASSOCIATED WITH A FAMILY AND CAREGIVER TRAINING OF MIND-BODY CONNECTION TO ALLOW FOR COMMUNICATION IN CHILDREN WITH AUTISM

NAME OF RECIPIENT - SHOWERS OF GRACE OF MICHIGAN

IMPROVE OUTCOMES FOR AT-RISK YOUTHS THROUGH POSITIVE YOUTH DEVELOPMENT. WE FULFILL OUR MISSION BY OFFERING TUTORING, SELF IMPROVEMENT WORKSHOPS AND ACCESS TO COMMUNITY-BASED RESOURCES

NAME OF RECIPIENT - SPECIAL OLYMPICS ILLINOIS

PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION FOR CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES

NAME OF RECIPIENT - SPIRIT & TRUTH APOSTOLIC CHURCH

RENT STORAGE SPACE FOR THREE MONTHS TO HOUSE COATS, FOR U-HAUL RENTAL VANS TO TRANSPORT THE COATS TO THE DISTRIBUTION SITE, FOR PRODUCING

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

FLYERS TO ANNOUNCE THE GIVEAWAY AND FOR ADVERTISING EVENT

NAME OF RECIPIENT - ST. LUKE'S IN THE DESERT INC, DBA ST LUKE'S HOME  
PROVIDE FUNDING FOR NUTRITIOUS FOODS FOR ELDERLY, GIVING THEM ENERGY FOR  
PHYSICAL EXERCISE, FUEL FOR COGNITIVE VITALITY/ MENTAL EXERCISE AND  
HELPING THEM WITH MAXIMIZE IMMUNE HEALTH

NAME OF RECIPIENT - STARFISH INITIATIVE  
FOCUS ON AND BUILD OUT VIRTUAL AND HYBRID AND RESUME IN-PERSON  
DEVELOPMENT TRAINING OPPORTUNITIES FOR SCHOLARS, MENTORS, AND STAFF.

NAME OF RECIPIENT - SUNNYSIDE UNIFIED SCHOOL DISTRICT FOUNDATION  
CONTINUE RUNNING AN EMERGENCY RELIEF WORK THROUGH THE DISTRICT WHICH  
WILL INCLUDE PURCHASING GROCERY STORE GIFT CARDS/CLOTHING FOR HOMELESS  
YOUTH, TECH GRANTS FOR TEACHERS, AND CONNECTING STUDENTS TO THE  
INTERNET IN THEIR HOMES.

NAME OF RECIPIENT - SUNRISE THERAPEUTIC RIDING CENTER  
REPLENISH SCHOLARSHIP PROGRAM FUND TO FINANCIALLY ASSIST RIDERS WHO  
RECEIVE SHARPLY DISCOUNTED SERVICES

NAME OF RECIPIENT - TAKING A STEP BEYOND, LLC  
PROVIDE YOUNG MEN WITH PERSONAL EMPOWERMENT, SUPPORT, COMPASSION,  
EDUCATION, MENTORING AND LOVE IN A SOLID FAMILY ENVIRONMENT

NAME OF RECIPIENT - TEACH RESOURCE GROUP  
EMPOWER COMMUNITY PARTICIPANTS WITH EMPLOYABILITY STRENGTHS, LEADERSHIP  
SKILLS, AND ECONOMIC INDEPENDENCE

**Part XIV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - THE SHELTER, INC

SUPPORT A HOMELESS SHELTER PROGRAMS, INCLUDING UTILITIES, HYGIENE  
SUPPLIES, MEDICATION, PHONES AND PUBLIC TRANSPORTATION

NAME OF RECIPIENT - THE TRAINING CENTER

PURCHASE HEALTHY NUTRITIOUS FOOD TO PROVIDE MEALS AND SNACKS FOR  
STUDENTS ENROLLED AT AN ACADEMIC AND YOUTH DEVELOPMENT PROGRAM

NAME OF RECIPIENT - TOWNSHEND COMMUNITY FOOD SHELF

PURCHASE FOOD FROM THE VERMONT FOOD BANK, TO SUPPORT FAMILIES WITH  
HOLIDAY GIFTS FOR THEIR CHILDREN AND TO YEAR ROUND MAINTAIN THE FOOD  
SHELF TO ALWAYS BE AVAILABLE FOR FAMILIES IN NEED

NAME OF RECIPIENT - VAN GO, INC.

PURCHASE ART SUPPLIES TO CREATE \$20,000 WORTH OF ARTWORK, PROMOTE AN  
EVENT, AND HELP SUPPORT THE MAINTENANCE OF ONLINE STORE

NAME OF RECIPIENT - WILLOW CENTER INC.

IMPLEMENT A NEW YOUNG ADULT SUPPORT GROUP FOR 19 - 29-YEAR-OLD GRIEVING  
THE DEATH OF A LOVED ONE, SPECIFICALLY, FUNDS WOULD BE USED TO PROVIDE  
FOR SPACE RENT, MATERIAL AND EQUIPMENT COSTS, MARKETING MATERIALS AND  
OTHER SUPPLIES.

NAME OF RECIPIENT - WOLF CREEK HABITAT AND RESCUE

EDUCATE ON THE NATURE AND HABITAT OF WOLVES THROUGH UPGRADES NEEDED TO  
AN UP-CLOSE AND PERSONAL ENCOUNTER EXPERIENCE

**Part XIV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - WOMEN AWARE, INC.

PROVIDE DIRECT CLIENT ASSISTANCE THAT INCLUDES PURCHASING GIFT CARDS FOR RESIDENTIAL CLIENTS AT A DOMESTIC VIOLENCE SHELTER

NAME OF RECIPIENT - WOMEN VETERAN SOCIAL JUSTICE NETWORK INC

IDENTIFY, CONNECT AND EMPOWER WOMEN OF MILITARY AND VETERAN EXPERIENCE STATUS OF EVERY ERA AND SERVICE BRANCH WHILE HONORING THEIR SERVICE AND SACRIFICE

NAME OF RECIPIENT - WOMEN VETERAN SOCIAL JUSTICE NETWORK INC

IDENTIFY, CONNECT AND EMPOWER WOMEN OF MILITARY AND VETERAN EXPERIENCE STATUS OF EVERY ERA AND SERVICE BRANCH WHILE HONORING THEIR SERVICE AND SACRIFICE

NAME OF RECIPIENT - YWCA DAYTON

PURCHASE AND INSTALLATION OF SECURITY CAMERAS AND KEYPAD LOCKS AT ITS PREBLE COUNTY HOMESHARE SITE, ENSURING ALL YWCA DAYTON FACILITIES ARE SAFE PLACES OF REFUGE TO SUPPORT SURVIVORS' HEALING

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**ROUND ROOM GIVES, INC.**

Employer identification number

**84-4783133**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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  <b>ROUND ROOM GIVES, INC.</b>	Employer identification number  <b>84-4783133</b>
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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	THE CELLULAR CONNECTION  10300 KINCAID DRIVE SUITE 100  FISHERS, IN 46037	\$ 1,487,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ROUND ROOM GIVES, INC.</b>	Employer identification number  <b>84-4783133</b>
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**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  <b>ROUND ROOM GIVES, INC.</b>	Employer identification number  <b>84-4783133</b>
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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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	754.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	754.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES	4,568.	0.		0.
BANK FEES	4,170.	0.		0.
TO FORM 990-PF, PG 1, LN 23	8,738.	0.		0.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
RELATED PARTY PAYABLE	310,000.	829.	
TOTAL TO FORM 990-PF, PART II, LINE 22	310,000.	829.	

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VI-B, LINE 5D

STATEMENT 4

GRANTEE'S NAME

ALPHA KAPPA ALPHA SORORITY, INC OMICRON PHI OMEGA CHAPTER

GRANTEE'S ADDRESS

P.O. BOX OFFICE 2574  
KOKOMO, IN 46902

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
7,500.	08/21/21	7,500.

PURPOSE OF GRANT

THE CONTRIBUTION WAS USED TO PROVIDE SOCIAL AWARENESS REGARDING INJUSTICE AND INEQUALITY TO OUR YOUNG BOYS AND GIRLS; HELPING THEM FACE THE MANY CHALLENGES IN THE WORLD TODAY RELATING TO SYSTEMIC RACISM THROUGH AN INSTRUCTIONAL CONFERENCE, AS LISTED IN THE GRANT AGREEMENT.

THE DECISION TO CONTRIBUTE WAS BASED ON THE FINANCIAL REPORT PROVIDED TO ROUND ROOM GIVES, INC., AND BY DECISION OF THE BOARD OF DIRECTORS.

NO AMOUNTS OF THE AWARD RECEIVED BY ALPHA KAPPA ALPHA SORORITY, INC. OMICRON PHI OMEGA CHAPTER, LISTED ABOVE WERE USED FOR ANY OTHER REASON THAN LISTED.

DATES OF REPORTS BY GRANTEE

12/31/2021

GRANTEE'S NAME

NORTHWEST IOWA AMERICAN LEGION RIDERS

GRANTEE'S ADDRESS

110 PLYMOUTH ST SW  
LE MARS, IA 51031

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
5,000.	08/21/21	5,000.

PURPOSE OF GRANT

THIS THIS CONTRIBUTION WAS USED TO ENSURE THAT VETERANS IN NEED ARE CARED FOR, AS LISTED IN THE GRANT AGREEMENT.

THE DECISION TO CONTRIBUTE WAS BASED ON THE FINANCIAL REPORT PROVIDED TO ROUND ROOM GIVES, INC., AND BY DECISION OF THE BOARD OF DIRECTORS.

NO AMOUNTS OF THE AWARD RECEIVED BY NORTHWEST IOWA AMERICAN LEGION RIDERS, LISTED ABOVE WERE USED FOR ANY OTHER REASON THAN LISTED.

DATES OF REPORTS BY GRANTEE

12/31/2021

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ROUND ROOM GIVES, INC  
10300 KINCAID DRIVE SUITE 203  
FISHERS, IN 46037

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

844-822-7625

TCC GIVES COMMUNITY GRANTS

FORM AND CONTENT OF APPLICATIONS

THROUGH SHARED PASSIONS OF THE ROUND ROOM FAMILY OF COMPANY'S EMPLOYEES AND CUSTOMERS, WE BELIEVE WE CAN MAKE OUR COMMUNITIES BETTER.

AN ONLINE FORM CAN BE FOUND ON [HTTPS://WWW.TCCROCKS.COM/COMMUNITY-GRANTS/](https://www.tccrocks.com/community-grants/) AND MUST BE FILLED OUT BY THE NONPROFIT BY THE DEADLINE. NONPROFIT MUST FIND A TCC EMPLOYEE SPONSOR WHO ALSO NEEDS TO FILL OUT THEIR PORTION OF THE ONLINE APPLICATION BY THE DEADLINE.

THE GRANT APPLICATIONS ARE REVIEWED INTERNALLY UPON SUBMISSION FOR COMPLETENESS AND TO ENSURE THE ORGANIZATION QUALIFIES FOR THE GRANT BASED ON OUR GUIDELINES MENTIONED ABOVE PRIOR TO BEING PRESENTED TO THE GRANTS COMMITTEE QUARTERLY WHO SELECT/VOTES ON WHICH GRANTS WILL BE AWARDED FOR THE QUARTER.

ANY SUBMISSION DEADLINES

ONGOING

RESTRICTIONS AND LIMITATIONS ON AWARDS

MUST BE 501C3; MUST HAVE A TCC EMPLOYEE SPONSOR; DOES NOT FUND SALARIES/BENEFITS, INTERNATIONAL PROGRAMS, FUNDRAISING EVENTS OR ANY LOBBYING PROGRAMS.

FORM 990-PF

PART XIV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 6

NAME OF MANAGER

SCOTT MOOREHEAD  
JULIE MOOREHEAD

GENERAL EXPLANATION

STATEMENT 7

FORM/LINE IDENTIFIER

FORM 990-PF, PART VI-B, LINES 1A(3) AND 1B

EXPLANATION:

PART VI-B, LINE 1A(3) HAS BEEN ANSWERED "YES" BECAUSE THE CELLULAR CONNECTION (TCC) IS A SUBSTANTIAL CONTRIBUTOR TO ROUND ROOM GIVES AND IS 100% OWNED BY SCOTT AND JULIE MOORHEAD WHO ARE THEREFORE DISQUALIFIED PERSONS. THEY PROVIDE "SERVICE" TO THE ORGANIZATION BY PROVIDING UNREIMBURSED EMPLOYEE TIME, KEEPING ITS BOOKS AND SERVING ON ITS BOARD. LINE 1B IS ANSWERED "NO" BECAUSE THESE SERVICES ARE EXCEPTED BY THE REGULATIONS UNDER SECTION 4941.

Form **4720**

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0047

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

For calendar year 2021 or other tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_,

Name of organization, entity, or person subject to tax  <b>ROUND ROOM GIVES, INC.</b>	EIN or SSN <b>84-4783133</b>
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) <b>10300 KINCAID DRIVE SUITE 203</b>	<input type="checkbox"/> Amended return Check box for type of annual return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code <b>FISHERS, IN 46037</b>	

		Yes	No
<b>A</b> Is the organization a foreign private foundation within the meaning of section 4948(b)?			<b>X</b>
Show conversion rate to U.S. dollars. See instructions	▶		
<b>B</b> Entity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions			<b>X</b>
If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.			

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1	Tax on undistributed income - Schedule B, line 4	1	
2	Tax on excess business holdings - Schedule C, line 7	2	
3	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)	3	
4	Tax on taxable expenditures - Schedule E, Part I, column (h)	4	2,000.
5	Tax on political expenditures - Schedule F, Part I, column (f)	5	
6	Tax on excess lobbying expenditures - Schedule G, line 4	6	
7	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8	Tax on premiums paid on personal benefit contracts	8	
9	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10	Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12	Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13	Tax on excess executive compensation - Schedule N	13	
14	Tax on net investment income of private colleges and universities - Schedule O	14	
15	<b>Total</b> (add lines 1 - 14)	15	2,000.

**Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person**  
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number		
1	Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1	
2	Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2	
3	Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4	Tax on political expenditures - Schedule F, Part II, column (d)	4	
5	Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5	
6	Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6	
7	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7	
8	Tax on taxable distributions - Schedule K, Part II, column (d)	8	
9	Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9	
10	<b>Total</b> - Add lines 1 through 9	10	

**Part III Tax Payments**

1	Total tax (Part I, line 15 or Part II, line 10)	1	2,000.
2	Total payments including amount paid with Form 8868 (see instructions)	2	
3	<b>Tax due.</b> If line 1 is larger than line 2, enter amount owed (see instructions)	3	2,000.
4	<b>Overpayment.</b> If line 1 is smaller than line 2, enter the difference. This is your refund	4	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 4720 (2021)

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

<b>Part I Acts of Self-Dealing and Tax Computation</b>				
(a) Act number	(b) Date of act	(c) Correction made?		(d) Description of act
		Yes	No	
1				
2				
3				
4				
5				
		(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act		(f) Amount involved in act
				(g) Initial tax on self-dealer (10% of col. (f))
				(h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f))

<b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b>			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

1	Undistributed income for years before 2020 (from Form 990-PF for 2021, Part XII, line 6d) .....	1	
2	Undistributed income for 2020 (from Form 990-PF for 2021, Part XII, line 6e) .....	2	
3	Total undistributed income at end of current tax year beginning in 2021 and subject to tax under section 4942 (add lines 1 and 2) .....	3	
4	<b>Tax</b> - Enter 30% of line 3 here and on Part I, line 1 .....	4	

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number ..... ▶  
 Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) ..... ▶

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise .....	1		
2 Permitted holdings in business enterprise .....	2		
3 Value of excess holdings in business enterprise .....	3		
4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) .....	4		
5 Taxable excess holdings in business enterprise - line 3 minus line 4 .....	5		
6 Tax - Enter 10% of line 5 .....	6		
7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 .....	7		

8 Did the organization dispose of excess holdings subject to tax reported on line 6? ..... 

Yes	No
-----	----

  
 Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)

**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Correction made?		(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (e))
		Yes	No				
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 3 .....							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below .....							

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)



**SCHEDULE E - Initial Taxes on Taxable Expenditures** (Section 4945)

<b>Part I Expenditures and Computation of Tax</b>							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Name and address of recipient		
			Yes	No			
1							
2							
3							
4							
5					<b>SEE STATEMENT 1</b>		
(f) Description of expenditure and purposes for which made					(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure	(h) Initial tax imposed on foundation (20% of col. (b))	(i) Initial tax imposed on foundation managers (if applicable) - (lesser of \$10,000 or 5% of col. (b))
<b>Total</b> - Column (h). Enter here and on Part I, line 4						<b>2,000.</b>	
<b>Total</b> - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below							

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE F - Initial Taxes on Political Expenditures** (Section 4955)

<b>Part I Expenditures and Computation of Tax</b>							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
			Yes	No			
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 5							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

Part I Excess Benefit Transactions and Tax Computation				
(a) Transaction number	(b) Date of transaction	(c) Correction made?		(d) Description of transaction
		Yes	No	
1				
2				
3				
4				
5				
(e) Amount of excess benefit		(f) Initial tax on disqualified persons (25% of col. (e))		(g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e))

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958) *Continued*

<b>Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments</b>			
(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of 501(c)(3), (c)(4) &amp; (c)(29) Organization Managers and Proration of Payments</b>			
(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions** (Section 4965)

<b>Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity</b> (see instructions)				
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction?		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Yes	No			
<b>Total</b> - Column (h). Enter here and on Part I, line 9 .....				

**Part II** Tax Imposed on Entity Managers (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

**SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds** (Section 4966). See the instructions.

**Part I** Taxable Distributions and Tax Computation

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			

(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)

Total - Column (f). Enter here and on Part I, line 10

Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below

**Part II** Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).

See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b>			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

**Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

<b>Part I Failures to Meet Section 501(r)(3)</b>				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

<b>Part II Computation of Tax</b>	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) ..... <b>1</b>
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 ..... <b>2</b>

**SCHEDULE N - Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1				
2				
3				
4				
5				
6	Attachment, if necessary. See instructions .....			
<b>Total</b> (add column (e) items 1 - 6) .....				
<b>Tax.</b> Enter 21% of the amount above here and on Part I, line 13 .....				

**SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities**  
(Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary .....					
6	<b>Total</b> .....					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14 .....					

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

**Sign Here**

Signature of officer or trustee	<b>EXECUTIVE DIRECTOR</b> Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
CASSE TATE	CASSE TATE	11/15/22		P01271193
Firm's name ▶			Firm's EIN ▶	
KSM BUSINESS SERVICES, INC			35-2123203	
Firm's address ▶			Phone no.	
PO BOX 40857 INDIANAPOLIS, IN 46240			(317) 580-2000	

Form 4720 (2021)

FORM 4720 SCHEDULE E - INITIAL TAXES ON TAXABLE EXPENDITURES STATEMENT 1

(A) ITEM NUMBER	(B) AMOUNT	(C) DATE PAID OR INCURRED	(D) CORRECTION MADE
1	10,000.	08/21/21	N

(E) NAME AND ADDRESS OF RECIPIENT

AMERICAN LEGION #81

2021 HIGHWAY 10 E  
BUTLER, AL 36904

(F) DESCRIPTION OF EXPENDITURE AND PURPOSE FOR WHICH MADE

GRANT TO ORGANIZATION

(G) QUESTION NUMBER	(H) INITIAL TAX IMPOSED ON FOUNDATION	(I) INITIAL TAX IMPOSED ON FOUNDATION MANAGERS
5(A)(4)	2,000.	
TOTAL INITIAL TAX	2,000.	