

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization
BAUER FAMILY RESOURCES INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1186
 City or town, state or province, country, and ZIP or foreign postal code
LAFAYETTE IN 47902-1186

D Employer identification number
35-1165883

E Telephone number
765-742-4848

G Gross receipts\$ **7,221,373**

F Name and address of principal officer:
JESSE FORD
PO BOX 1186
LAFAYETTE IN 47902-1186

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

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

J Website: **WWW.BAUERFAMILYRESOURCES.ORG**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1929**

M State of legal domicile: **IN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CREATING BRIGHTER TOMORROWS BY STRENGTHENING CHILDREN AND FAMILIES TODAY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	188
	6 Total number of volunteers (estimate if necessary)	6	403
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,496,689	Current Year 6,326,654
	9 Program service revenue (Part VIII, line 2g)	718,713	706,508
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338,272	-42,649
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,384	12,909
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,557,058	7,003,422
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	224,380
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,946,668	4,496,409
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u		11,727	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,180,549	1,990,702
Net Assets or Fund Balances	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,351,597	6,833,104
	19 Revenue less expenses. Subtract line 18 from line 12	205,461	170,318
	20 Total assets (Part X, line 16)	Beginning of Current Year 3,830,103	End of Year 4,139,952
	21 Total liabilities (Part X, line 26)	791,017	935,657
	22 Net assets or fund balances. Subtract line 21 from line 20	3,039,086	3,204,295

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
JAY MILL **CHIEF FIN. OFFICER**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if PTIN
KIMBERLEY R MORISETTE **KIMBERLEY R MORISETTE** **09/15/21** self-employed **P00337290**

Firm's name } **HUTH THOMPSON LLP** Firm's EIN } **35-2055043**
 Firm's address } **PO BOX 970**
LAFAYETTE, IN 47902-0970 Phone no. **765-428-5000**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CREATING BRIGHTER TOMORROWS BY STRENGTHENING CHILDREN AND FAMILIES TODAY.

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

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

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

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

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

4a (Code:) (Expenses \$ **4,505,748** including grants of\$) (Revenue \$)

SEE SCHEDULE O

Client Copy

4b (Code:) (Expenses \$ **450,253** including grants of\$ **783**) (Revenue \$ **439,208**)

SEE SCHEDULE O

4c (Code:) (Expenses \$ **1,699,168** including grants of\$ **345,210**) (Revenue \$ **267,300**)

YOUTH SERVICES INCLUDE THE REMAINDER OF THE ORGANIZATION'S PROGRAMS AND IN 2020 INCLUDED YOUTH DEVELOPMENT AND SCHOOL COURT. DURING 2020, YOUTH DEVELOPMENT OFFERED BOTH AFTER SCHOOL AND SUMMER PROGRAMMING. THERE WERE 56 YOUTH WHO WERE MEMBERS OF THE YOUTH DEVELOPMENT PROGRAM. MEALS AND SNACKS WERE PROVIDED TO PARTICIPANTS DURING PROGRAMS. SERVICES INCLUDE HOMEWORK HELP, STEM AND ART ACTIVITIES, AND RECREATION. A READING PROGRAM AND BASKETBALL PROGRAM ALSO IS AVAILABLE TO PARTICIPANTS. THE SUMMER INCLUDES WEEKLY FIELD TRIPS.

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

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **u 6,655,169**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 188		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

**JAY MILL
LAFAYETTE**

330 FOUNTAIN STREET

IN 47905

765-742-4848

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAM BIGGS-REED	40.00 0.00			X				132,552	0	5,735
CHIEF EXE. OFFICER										
(2) JAY MILL	40.00 0.00			X				103,345	0	2,253
CHIEF FIN. OFFICER										
(3) JIM BIEN	1.00 0.00	X						0	0	0
DIRECTOR										
(4) ERIC H BURNS	1.00 0.00	X		X				0	0	0
VICE CHAIR										
(5) CHRIS COBBINS	1.00 0.00	X		X				0	0	0
TREASURER										
(6) JULIE COLE	1.00 0.00	X						0	0	0
DIRECTOR										
(7) JESSE FORD	1.00 0.00	X		X				0	0	0
CHAIR										
(8) EMILY GLATT	1.00 0.00	X						0	0	0
DIRECTOR										
(9) AMANDA BARCHE LINDBERG	1.00 0.00	X						0	0	0
DIRECTOR										
(10) MONICA SMITH	1.00 0.00	X		X				0	0	0
SECRETARY										
(11) KURT WOLF	1.00 0.00	X						0	0	0
DIRECTOR										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 389,112					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 5,713,632					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 223,910					
	g Noncash contributions included in lines 1a-1f	1g \$ 32,215					
	h Total. Add lines 1a-1f	u	6,326,654				
Program Service Revenue	2a SERVICE FEES	Business Code 624100	706,508	706,508			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	706,508				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	19,126			19,126	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	146,981	9,195			
		b Less: cost or other basis and sales exps.	7b	138,101	79,850		
	c Gain or (loss)	7c	8,880	-70,655			
	d Net gain or (loss)	u	-61,775	-70,655		8,880	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code 900099	12,909			12,909	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	12,909				
12 Total revenue. See instructions	u	7,003,422	635,853	0	40,915		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	223,979	223,979		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	122,014	122,014		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	243,885		241,967	1,918
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,477,023	3,164,469	312,554	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,389	3,476	5,913	
9 Other employee benefits	533,340	499,949	33,391	
10 Payroll taxes	232,772	194,957	37,673	142
11 Fees for services (nonemployees):				
a Management				
b Legal	10,436	6,096	4,340	
c Accounting	76,373	340	76,033	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,384	1,384		
13 Office expenses	615,666	582,085	24,430	9,151
14 Information technology	37,630	31,459	6,171	
15 Royalties				
16 Occupancy	500,037	454,813	45,156	68
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	170,318	161,129	9,189	
20 Interest	20,577	20,577		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,070	72,921	19,149	
23 Insurance	47,536	43,731	3,747	58
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEES - CONTRACTUAL SERVICE	349,208	283,993	65,215	
b RECRUITMENT AND RETENTION	59,679	34,376	25,303	
c MISCELLANEOUS EXPENSE	9,788	9,771	61	-44
d ALLOCATION		743,650	-744,084	434
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,833,104	6,655,169	166,208	11,727
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	273,943	1	319,679
	2 Savings and temporary cash investments	49,215	2	38,279
	3 Pledges and grants receivable, net	885,401	3	1,087,689
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	68,674	9	78,698
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,734,901		
	b Less: accumulated depreciation	10b 2,783,614	1,956,136	10c 1,951,287
	11 Investments—publicly traded securities	596,734	11	664,320
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,830,103	16	4,139,952	
Liabilities	17 Accounts payable and accrued expenses	293,484	17	534,772
	18 Grants payable		18	
	19 Deferred revenue	3,754	19	10
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	492,984	23	389,099
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	795	25	11,776
	26 Total liabilities. Add lines 17 through 25	791,017	26	935,657
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,811,914	27	1,875,656
	28 Net assets with donor restrictions	1,227,172	28	1,328,639
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,039,086	32	3,204,295
33 Total liabilities and net assets/fund balances	3,830,103	33	4,139,952	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,003,422
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,833,104
3	Revenue less expenses. Subtract line 2 from line 1	3	170,318
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,039,086
5	Net unrealized gains (losses) on investments	5	34,691
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-39,800
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,204,295

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization BAUER FAMILY RESOURCES INC	Employer identification number 35-1165883
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,707,219	5,259,611	6,313,533	6,496,689	6,326,654	30,103,706
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,707,219	5,259,611	6,313,533	6,496,689	6,326,654	30,103,706
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						30,103,706

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5,707,219	5,259,611	6,313,533	6,496,689	6,326,654	30,103,706
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,497	14,424	18,405	21,042	19,126	86,494
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,229	280	600	3,384	12,909	28,402
11 Total support. Add lines 7 through 10						30,218,602
12 Gross receipts from related activities, etc. (see instructions)					12	5,296,164
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.62%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.67%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in line 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

- 2** Activities Test. *Answer lines 2a and 2b below.*
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E – Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS **\$ 15,493**

Client Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization BAUER FAMILY RESOURCES INC	Employer identification number 35-1165883
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

BAUER FAMILY RESOURCES INC

35-1165883

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	UNITED WAY OF GREATER LAFAYETTE 1114 EAST STATE STREET LAFAYETTE IN 47905	\$ 363,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HEAD START/EARLY HEAD START PROGRAM DEPARTMENT OF HEALTH & HUMAN SERVICE 233 N MICHIGAN AVENUE, SUITE 200 CHICAGO IL 60601	\$ 4,451,011	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMUNITY PARTNERS DCS FINANCIAL SERVICES 402 W WASHINGTON ST, RM W392 INDIANAPOLIS IN 46204	\$ 899,301	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEPARTMENT OF EDUCATION - CACFP STATE HOUSE INDIANAPOLIS IN 46204	\$ 160,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INDIANA DEPARTMENT OF EDUCATION-21ST CENTURY COMMUNITY LEARNING CENTERS 115 W WASHINGTON ST, SOUTH TOWER, STE 600 INDIANAPOLIS IN 46204	\$ 160,972	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

BAUER FAMILY RESOURCES INC

35-1165883

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	645,949	553,199	529,758	454,469	398,116
b Contributions					
c Net investment earnings, gains, and losses	62,697	98,200	23,601	75,449	59,513
d Grants or scholarships					
e Other expenditures for facilities and programs					3,000
f Administrative expenses	6,047	5,450	160	160	160
g End of year balance	702,599	645,949	553,199	529,758	454,469

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u** **16.10** %
 - c** Term endowment **u** **83.90** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		411,922		411,922
b Buildings		3,353,029	2,097,266	1,255,763
c Leasehold improvements		498,950	334,800	164,150
d Equipment		418,684	347,678	71,006
e Other		52,316	3,870	48,446
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	1,951,287

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... u		

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ... u		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... u	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CHECKING -BANK OVERDRAFT	11,776
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... u	11,776

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,577,814
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	34,691	
	b Donated services and use of facilities	2b	539,532	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	169	
	e Add lines 2a through 2d		2e	574,392
3	Subtract line 2e from line 1		3	7,003,422
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,003,422

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

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

1	Total expenses and losses per audited financial statements		1	7,412,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	539,532	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	39,963	
	e Add lines 2a through 2d		2e	579,495
3	Subtract line 2e from line 1		3	6,833,104
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,833,104

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ENDOWMENT FUNDS ARE TO BE USED FOR SCHOLARSHIPS AND THE CARE AND MAINTENANCE OF TRIANGLE PARK.

PART X - FIN 48 FOOTNOTE

ACCOUNTING STANDARDS REQUIRE ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTIES IN THEIR TAX POSITIONS. TAX YEARS INCLUDING 2017 AND LATER ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES. AREAS THAT IRS AND STATE TAX AUTHORITIES CONSIDER WHEN EXAMINING TAX RETURNS OF A CHARITY INCLUDE, BUT MAY NOT BE LIMITED TO, TAX EXEMPT STATUS AND THE EXISTENCE AND AMOUNT OF UNRELATED BUSINESS INCOME. THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS ANY UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

WITH RESPECT TO THESE OR OTHER MATTERS, AND THEREFORE HAS NOT RECORDED ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES. THE ORGANIZATION IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT TAX BENEFITS OR LIABILITIES MAY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE DATE OF THESE FINANCIAL STATEMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
BOOK TO TAX DISPOSAL DIFFERENCE \$ 169

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
ROUNDING \$ -2
BOOK / TAX DEPRECIATION DIFFERENCE \$ 39,965

Client Copy

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

BAUER FAMILY RESOURCES INC

Employer identification number

35-1165883

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FOOD FINDERS 1204 GREENBUSH ST LAFAYETTE IN 47904	31-1020198	501C3	25,000				MOBILE FOOD PANTRY
(2)	HOPE SPRINGS PO BOX 244 ATTICA IN 47918	46-5567730	501C3	30,900				DOMESTIC VIOLENCE PR
(3)	SURF CENTER 307 N 10TH ST LAFAYETTE IN 47901	80-0016601	501C3	15,000				PPE, RECOVERY SERVIC
(4)	HEALTHY COMM CLINTON COUNTY 1458 OAK ST FRANKFORT IN 46041	46-2835793	501C3	40,223				COVID PREVENTION
(5)	LYN TREECE BOYS AND GIRLS CLUB 231 CHESTNUT ST LAFAYETTE IN 47905	35-1262269	501C3	12,000				SOCIAL EMOTIONAL LEA
(6)	GRACE RECOVERY CORP 615 N 22ND ST LAFAYETTE IN 47904	82-5214409	501C3	5,098				KIDS HOPE IN TIPPECA
(7)	YWCA OF GREATER LAFAYETTE 605 N 6TH STREET LAFAYETTE IN 47901	35-0868224	501C3	45,758				DVIPP, COVID, EMPOWE
(8)	DUKE ENERGY HELPING HANDS 139 EAST FOURTH STREET CINCINNATI OH 45273	35-0594457	501C3	50,000				ELECTRICITY COSTS FO
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 8**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ASSISTANCE FOR CLIENTS	294	121,228			
2 FOOD PURCHASES	3		392		
3 MEDICAL/DENTAL ASSISTANCE	3		394		
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EACH GRANTEE SUBMITS AN END OF PROJECT REPORT THAT DETAILS THE USE OF GRANT

FUNDS. PAYMENTS ARE MADE ON BEHALF OF THE GRANTEE, THE ITEMS NEEDED ARE

PURCHASED FOR THE GRANTEE, OR THE GRANTEE IS PROVIDED WITH A GIFT CARD THAT

CAN ONLY BE USED FOR THE DESIGNATED PURPOSE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

OMB No. 1545-0047

2020

**Open To Public
Inspection**

BAUER FAMILY RESOURCES INC

Employer identification number

35-1165883

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		32,215	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

Client Copy

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29
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	Yes	No
30a		X
31		X
32a		X
33		

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

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

BAUER FAMILY RESOURCES INC

Employer identification number

35-1165883**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

HEAD START AND EARLY HEAD START ARE FEDERALLY FUNDED PROGRAMS THAT OFFER PRE-SCHOOL AND CHILD CARE SERVICES TO FAMILIES LIVING AT OR BELOW THE FEDERAL POVERTY GUIDELINES. SPECIAL CONSIDERATION IS GIVEN TO CHILDREN WITH DISABILITIES; LIVING IN FOSTER CARE, HOMELESS, OR RECEIVING PUBLIC ASSISTANCE. SERVICES INCLUDE CASE MANAGERS TO SUPPORT FAMILIES BE SUCCESSFUL. SERVICES INCLUDES PREGNANT WOMEN'S PROGRAM, HOMEBASED EARLY HEAD START SERVICES, CENTER BASED EARLY HEAD START CLASSROOMS AND HEAD START PRESCHOOL CLASSROOMS. IN 2020, EARLY HEAD START SERVICED 124 CHILDREN AND FAMILIES (INCLUDING PREGNANT WOMEN AND HOME BASED FAMILIES). THE TIPPECANOE COUNTY HEAD START PROGRAM SERVED 362 FAMILIES AND THE CARROLL, CLINTON, AND WHITE COUNTY PROGRAM SERVED 187 FAMILIES. OF THESE, 7.58% WERE FOSTER CHILDREN, 19.01% WERE HOMELESS, AND 0.74% WERE RECEIVING PUBLIC ASSISTANCE. THE ORGANIZATION RECEIVED \$571,747 IN IN-KIND SUPPORT FROM THE COMMUNITY IN 2020.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

FAMILY CENTERED SERVICES INCLUDES PROGRAMS AND SERVICES FUNDED BY STATE CONTRACTS AND GRANTS. IN BAUER'S COUNSELING DIVISION, MASTER'S LEVEL THERAPIST AND BACHELOR'S LEVEL CASE MANAGERS PROVIDES SERVICES TO FAMILIES INVOLVED WITH THE CHILD WELFARE SYSTEM. SERVICES, PROVIDED IN-HOME, INCLUDING COUNSELING, CASE MANAGEMENT, SUPERVISED VISITATION AND SUPPORT FOR FATHERS. IN 2020, 165 FAMILIES PARTICIPATED IN THE COUNSELING DIVISION. OF THESE, 29% OF CHILDREN WERE REUNITED WITH OR REMAINED IN THE CARE OF THEIR PARENTS DURING THE CALENDAR YEAR. HOMEBUILDERS, A SHORT-

Name of the organization	Employer identification number
BAUER FAMILY RESOURCES INC	35-1165883

TERM, INTENSIVE CASE MANAGEMENT PROGRAM FOR FAMILIES WITH INVOLVEMENT WITH CHILD WELFARE OR JUVENILE PROBATION, PROVIDED SERVICES TO 119 FAMILIES IN 2020. OF THESE, 93.5% OF FAMILIES WERE REUNITED OR HAD CHILDREN THAT REMAINED IN THE CARE OF THEIR PARENTS. COMMUNITY PARTNERS IS A CHILD ABUSE PREVENTION PROGRAM. IN ADDITION TO CASE MANAGEMENT, THE PROGRAM CAN MEET CONCRETE NEEDS OF FAMILIES. IN 2020, MORE THAN 1,041 INDIVIDUALS RECEIVED COMMUNITY PARTNERS SERVICES. THE PROGRAM PAID MORE THAN \$122,014 FOR CONCRETE NEEDS (UTILITIES, BUYING BEDS, ETC) AND COUNSELING FEES FOR PARTICIPANTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS PROVIDED TO THE EXECUTIVE/FINANCE COMMITTEE OF THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICTS OF INTEREST FORMS FOR ALL BOARD OF DIRECTORS AND LEADERSHIP STAFF ARE PROVIDED TO EACH BOARD MEMBER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE DIRECTOR COMPENSATION IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AFTER AN ANNUAL PERFORMANCE REVIEW. CEO COMPENSATION IS SET BASED ON THE AGENCY'S WAGE BANDS WHICH IS DEVELOPED USING A MARLITE ANALYSIS. THE BOARD OF DIRECTORS DEVELOPED THE COMPENSATION STRATEGY FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ANNUAL AUDIT IS POSTED ON THE ORGANIZATION WEBSITE. THE

Name of the organization BAUER FAMILY RESOURCES INC	Employer identification number 35-1165883
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ORGANIZATION'S 990 TAX RETURN IS AVAILABLE ON WWW.GUIDESTAR.ORG AND THE
 WEBISTE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK TO TAX DISPOSAL DIFFERENCE	\$	169
BOOK TO TAX DEPRECIATION DIFFERENCE	\$	-39,967
ROUNDING	\$	-2
TOTAL	\$	-39,800

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return **BAUER FAMILY RESOURCES INC** Identifying number **35-1165883**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	71,053

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	21,017
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	92,070
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
537	Electrical Upgrade @ SS	6/27/07	26,446			26,446	39 MMS/L	8,505	678
542	rennovations of south unit	5/27/08	14,836			14,836	39 MMS/L	4,422	381
543	electrical upgrade	4/09/08	3,039			3,039	39 MMS/L	912	78
544	electrical upgrade	7/31/08	743			743	39 MMS/L	218	19
545	door/monitors/announcer	11/30/08	19,172			19,172	39 MMS/L	5,469	492
547	Triangle Park rehabilitation project	9/26/08	33,520			33,520	39 MMS/L	9,705	860
550	Doors (restroom, kitchen, west wall)	12/11/08	3,103			3,103	39 MMS/L	878	80
562	Walk-in Cooler/Freezer	10/20/09	23,347		X	11,674	5 MQ200DB	23,347	0
563	HVAC	12/01/09	76,575		X	38,287	15 MQ150DB	54,532	4,522
564	Windows - Gym - SS	12/02/09	2,134			2,134	39 MMS/L	549	55
597	Sage Fund Acct Software	1/01/13	14,140			14,140	3 HY 200DB	14,140	0
598	Soundproofing Gym	3/02/13	17,167			17,167	7 HY 200DB	16,401	766
599	FREEZER AT COMMUNITY CENTER	3/02/13	4,767			4,767	5 HY 200DB	4,767	0
600	REMODEL COPPERGATE	4/24/13	5,461			5,461	15 HY 150DB	2,720	323
601	STORAGE SHED - COPPERGATE	10/23/13	4,884			4,884	5 HY 200DB	4,884	0
602	DWD-REQUISITION SOFTWARE	6/28/13	321			321	3 HY 200DB	321	0
603	DWD-REQUISITION SOFTWARE	6/28/13	1,648			1,648	3 HY 200DB	1,648	0
604	DWD-REQUISITION SOFTWARE	6/28/13	1,023			1,023	3 HY 200DB	1,023	0
605	DWD-REQUISITION SOFTWARE	6/28/13	1,131			1,131	3 HY 200DB	1,131	0
606	DWD-REQUISITION SOFTWARE	6/27/13	172			172	3 HY 200DB	172	0
607	DWD-REQUISITION EQUIPMENT	6/28/13	4			4	3 HY 200DB	4	0
608	DWD-REQUISITION SOFTWARE	6/28/13	143			143	3 HY 200DB	143	0
609	DWD REQUISITION SOFTWARE	6/28/13	441			441	3 HY 200DB	441	0
610	DWD-REQUISITION SOFTWARE	6/28/13	30			30	3 HY 200DB	30	0
611	DWD-REQUISITION SOFTWARE	6/28/13	18			18	3 HY 200DB	18	0
612	FENCING FOR COPPERGATE PLAYGR	6/26/13	0			0	5 HY 200DB	5,985	0
613	COMMERICAL REFRIGERATOR	7/31/13	2,974			2,974	5 HY 200DB	2,974	0
614	COMMERICAL REFRIGERATOR @ COI	6/30/13	4,382			4,382	5 HY 200DB	4,382	0
615	CASE MGMT PRO SOFTWARE	11/02/13	4,900			4,900	3 HY 200DB	4,900	0
616	55" SMARTBOARD	6/14/13	8,495			8,495	3 HY 200DB	8,495	0
617	Dishwasher	9/05/14	5,700			5,700	5 HY 200DB	5,700	0
618	Dishwasher	9/05/14	5,700			5,700	5 HY 200DB	5,700	0
619	Gym Floor	10/20/14	40,775			40,775	39 MMS/L	5,445	1,046
620	WALL MATS FOR GYM	11/04/15	6,595		X	3,297	5 HY 200DB	6,405	190
625	New Roof (Family Support Center)	6/29/16	6,226			6,226	39 MMS/L	565	160
626	Frankfort Remodel	9/09/16	133,839			133,839	3 HY 200DB	133,839	0
627	Fire Panel at Hawthorne Hall	1/29/16	7,114		X	3,557	3 HY 200DB	7,114	0
628	FENCING FOR HAWTHORNE IN FRANI	10/20/17	13,300			13,300	3 MQ200DB	11,945	1,355
629	EISENHOWER FIRE ALARM SYSTEM	9/28/17	13,291			13,291	39 MMS/L	781	341
630	STORAGE SHED & FOUNDATION - HA	11/10/17	6,327			6,327	3 MQ200DB	5,683	644
631	HAWTHORNE PLAYGROUND	11/21/18	45,000		X	0	5 MQ200DB	45,000	0
632	DRAIN PUMP	8/14/18	7,000			7,000	39 MMS/L	247	179
633	PLAYGROUND NORTHEND	7/06/18	57,909		X	0	5 MQ200DB	57,909	0
634	FIRE PANEL	9/19/18	8,621		X	0	10 MQ200DB	8,621	0
635	FENCING	11/11/18	14,630		X	0	20 MQ150DB	14,630	0
636	REMODEL #1 ROMNEY	8/15/18	113,663			113,663	39 MMS/L	4,007	2,915
637	RESTROOM	7/24/18	24,675			24,675	39 MMS/L	923	632
638	CAMERAS	4/28/18	7,601		X	0	5 MQ200DB	7,601	0
639	COPIER	8/07/18	12,225		X	0	5 MQ200DB	12,225	0
640	PLAYGROUND LANDSCAPING	7/06/18	5,580		X	0	15 MQ150DB	5,580	0
641	SECURITY SYSTEMS	11/28/18	7,933		X	0	15 MQ150DB	7,933	0
642	REMODEL #2	1/05/19	14,765			14,765	39 MMS/L	363	378
646	4th Street House	2/01/19	79,242			79,242	39 MMS/L	1,778	1,778
	Sold/Scrapped: 11/16/20								
648	3rd Street House Porch Addition	6/29/19	44,450			44,450	39 MMS/L	617	1,140
649	Downstairs Bathroom Remodel - CC	11/15/19	33,000			33,000	39 MMS/L	106	846
650	3rd Street House Exit Signage	11/19/19	5,610		X	0	20 MQ150DB	5,610	0
651	Cafe Remodel - CC	12/21/19	27,407			27,407	39 MMS/L	29	703
652	LIGHTING UPGRADE PROJECT	5/29/19	17,775			17,775	39 MMS/L	285	456
			<u>1,040,969</u>			<u>819,044</u>		<u>539,757</u>	<u>21,017</u>

Other Depreciation:

1	SOUTH SIDE LAND - LOTS 26, 27, 28, 37	1/01/76	47,137			47,137	0 -- Memo	0	0
3	TRIANGLE PARK	1/01/86	17,500			17,500	0 -- Memo	0	0
4	SOUTH SIDE PARKING LOT: LOTS 28 &	5/15/95	53,000			53,000	0 -- Memo	0	0
5	SOUTH SIDE PARKING LOT: LOTS 28 &	10/13/95	19,422			19,422	0 -- Memo	0	0
6	LAND - 3600 EISENHOWER RD.	6/23/95	33,246			33,246	0 -- Memo	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
12	FIRE ALARM FOUNTAIN ST	7/28/95	9,864			9,864	40 MO S/L	6,031	247
14	SIDEWALK	10/28/96	2,446			2,446	40 MO S/L	1,437	61
15	FIRE ALARM PANEL	10/31/96	500			500	40 MO S/L	294	12
16	RESOURCE ROOM CONST	12/13/96	432			432	40 MO S/L	254	11
17	BUILDING	6/23/95	400,000			400,000	40 MO S/L	240,000	10,000
18	REMODLING	12/31/95	55,530			55,530	40 MO S/L	33,318	1,388
19	REMODEL	6/30/96	95,761			95,761	40 MO S/L	56,259	2,394
20	BUILDING 3600 EISENHOWER	4/01/97	202,224			202,224	40 MO S/L	115,015	5,055
21	BUILDING 3600 EISENHOWER	5/08/97	181,734			181,734	40 MO S/L	102,983	4,543
22	BUILDING 3600 EISENHOWER	8/24/97	31,000			31,000	40 MO S/L	17,308	775
23	BUILDING 3600 EISENHOWER	6/18/97	230,355			230,355	40 MO S/L	129,575	5,759
24	BUILDING 3600 EISENHOWER	7/21/97	75,720			75,720	40 MO S/L	42,435	1,893
25	BUILDING 3600 EISENHOWER	8/06/97	86,738			86,738	40 MO S/L	48,609	2,169
26	WATER HEATER	4/10/97	1,773			1,773	31 MO S/L	1,281	56
27	RESOURCE ROOM REMOLDING	2/10/97	2,816			2,816	40 MO S/L	1,613	70
298	BUILDING	1/01/76	503,037			503,037	40 MO S/L	503,037	0
351	NORTH DOOR	4/10/97	2,340			2,340	40 MO S/L	1,331	58
356	FURNACE REPLACEMENT	1/31/97	15,436			15,436	15 MO S/L	15,436	0
357	INSULATION	3/19/97	1,797			1,797	40 MO S/L	1,022	45
358	KITCHEN HOOD INSTALLATION	8/31/97	3,125			3,125	10 MO S/L	3,125	0
359	RANGE HOOD	8/15/97	5,575			5,575	10 MO S/L	5,575	0
362	STAINLESS TABLES	10/19/97	835			835	10 MO S/L	835	0
367	CARPET	3/19/97	308			308	15 MO S/L	308	0
368	DUCT WORK	3/19/97	1,750			1,750	40 MO S/L	995	44
369	CARPET	7/30/97	7,180			7,180	15 MO S/L	7,180	0
370	BASEBOARD	9/30/97	315			315	40 MO S/L	175	8
371	FLOOR SURFACING	8/31/97	818			818	15 MO S/L	818	0
372	CABLE	5/23/97	1,092			1,092	40 MO S/L	617	27
374	FY/FD BATHROOM	8/31/97	1,250			1,250	40 MO S/L	698	31
377	BUILDING PERMITS	1/21/97	1,551			1,551	40 MO S/L	889	38
380	HS SINK	7/30/97	1,189			1,189	25 MO S/L	1,066	47
381	FLOORING	12/01/97	13,005			13,005	15 MO S/L	13,005	0
395	FLOORING IN NEW BUILDING	2/19/98	13,005			13,005	15 MO S/L	13,005	0
418	FIRE DOORS	7/06/99	6,428			6,428	15 MO S/L	6,428	0
451	METAL DOOR	7/18/00	2,498			2,498	15 MO S/L	2,498	0
452	2 NEW OFFICES	2/23/00	8,786			8,786	15 MO S/L	8,786	0
454	DRIVEWAY	8/31/02	3,500			3,500	15 MO S/L	3,500	0
455	REMODELING BATHROOMS	1/28/00	7,930			7,930	15 MO S/L	7,930	0
456	KITCHEN REMODELING	1/13/00	8,185			8,185	15 MO S/L	8,185	0
457	KITCHEN/BATHROOM REMODELING	2/08/00	8,322			8,322	15 MO S/L	8,322	0
462	HS FURNACE	5/23/01	3,300			3,300	5 MO S/L	3,300	0
475	DRIVEWAY	8/31/02	18,115			18,115	15 MO S/L	18,115	0
480	TRIANGLE PARK PROJECT	9/26/08	500			500	15 MO S/L	375	33
481	DRIVEWAY	8/31/02	99,420			99,420	15 MO S/L	99,420	0
486	TRIANGLE PARK PHASE 1 - FISHER &	9/26/08	4,000			4,000	15 MO S/L	3,000	267
491	PLAYGROUND EQUIPMENT	6/30/03	20,351			20,351	7 MO S/L	20,351	0
	Sold/Scrapped: 12/31/20								
492	Triangle Park Site Prep -in kind	9/26/08	43,217			43,217	15 MO S/L	32,413	2,881
493	SS KITCHEN UPGRADE	2/12/04	3,235			3,235	39 MO S/L	1,320	83
494	SS MEETING ROOM REFURBISHING	10/01/04	9,148			9,148	39 MO S/L	3,577	235
495	WINDOWS FOR HS BUILDING	7/26/04	9,075			9,075	39 MO S/L	3,587	233
496	SUNSCREEN FOR PLAYGOUND	8/16/04	2,848			2,848	7 MO S/L	2,848	0
497	POLE BARN	5/18/04	6,257			6,257	39 MO S/L	2,500	160
498	PANELS	2/17/04	3,758			3,758	7 MO S/L	3,758	0
499	FOLDING CHAIRS	1/01/04	3,870			3,870	7 MO S/L	3,870	0
500	ROOF - HS	5/12/05	43,944			43,944	39 MO S/L	16,526	1,127
502	Sign	9/26/05	2,563			2,563	15 MO S/L	2,434	129
505	Freezer	2/01/06	2,792			2,792	7 MO S/L	2,792	0
507	BCW House 407/409 S 3rd st.	5/27/08	165,700			165,700	39 MO S/L	49,214	4,249
508	KITCHEN IMPRV - PAINT	5/15/06	2,654			2,654	39 MO S/L	930	68
510	CONVECTION OVEN - EISENHOWER K	10/18/06	7,974			7,974	7 MO S/L	7,974	0
511	2006 FORD E350 CUTAWAY BOX TRUC	9/07/06	30,310			30,310	7 MO S/L	30,310	0
512	LOGO - 2006 CUTAWAY BOX TRUCK	12/31/06	3,250			3,250	7 MO S/L	3,250	0
528	New Range for Triangle/CDD	3/08/07	4,104			4,104	7 MO S/L	4,104	0
538	Renovation of South Unit	5/27/08	20,990			20,990	39 MO S/L	6,234	538
539	BCW Doors	5/27/08	2,638			2,638	39 MO S/L	783	68
540	Triangle Park Construction In Progress	9/26/08	65,000			65,000	15 MO S/L	48,750	4,333
553	BCW Renovations	5/13/10	16,129			16,129	39 MO S/L	3,998	413
554	Electric at SS	7/31/09	12,735			12,735	39 MO S/L	3,401	327
556	Engineering for Construction @ SS	9/30/09	6,800			6,800	39 MO S/L	1,787	175
557	Cement pod for refrig @ HS	9/25/09	1,080			1,080	5 MO S/L	1,080	0

35-1165883

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Dep'r	Per Conv	Meth	Prior	Current
565	Design Fees - EHS expansion	5/13/10	6,302			6,302	39	MO S/L	1,562	162
566	Playground Equipment	4/05/10	60,255			60,255	5	MO S/L	60,255	0
567	Concrete under Play Gr Equip	4/05/10	15,863			15,863	5	MO S/L	15,863	0
568	BCW Renovations	5/13/10	78,696			78,696	39	MO S/L	19,506	2,018
569	Roofing @ SS	1/31/10	57,050			57,050	10	MO S/L	56,575	475
570	Sonic Wall (computer hardware)	1/31/10	3,160			3,160	5	MO S/L	3,160	0
571	BCW Renovations	5/13/10	20,108			20,108	39	MO S/L	4,984	516
572	BCW Renovations	5/13/10	6,935			6,935	39	MO S/L	1,719	178
573	BCW Renovations	9/17/10	45,781			45,781	39	MO S/L	10,858	1,174
574	Classroom Remodeling	9/07/10	123,013			123,013	39	MO S/L	29,439	3,154
575	Dishwasher for Eisenhower	12/31/10	6,560			6,560	5	MO S/L	6,560	0
576	EHS Classrooms	9/07/10	3,631			3,631	39	MO S/L	869	93
577	EHS Classroom Adn - Com Ctr	5/13/10	154,220			154,220	39	MO S/L	38,225	3,955
578	Restroom Renov at Comm Ctr	9/29/10	62,156			62,156	39	MO S/L	14,742	1,594
579	Landscaping at Comm Ctr	7/08/10	5,981			5,981	10	MO S/L	5,682	299
580	New Construction Painting-Comm Ctr	10/07/10	3,500			3,500	10	MO S/L	3,238	262
581	Security System at Comm Ctr	5/20/10	6,950			6,950	5	MO S/L	6,950	0
582	Curtain in gym at Comm Ctr	9/29/10	5,907			5,907	5	MO S/L	5,907	0
584	Camera System at Comm Ctr	3/18/10	7,500			7,500	5	MO S/L	7,500	0
585	Backboard rims at Comm Ctr	8/31/10	6,944			6,944	5	MO S/L	6,944	0
586	Scoreboard at Comm Ctr	9/22/10	4,302			4,302	5	MO S/L	4,302	0
587	Security System at Comm Ctr	5/20/10	3,200			3,200	5	MO S/L	3,200	0
588	Engineering design	3/10/10	1,700			1,700	10	MO S/L	1,672	28
589	New Construction Painting -Comm Ctr	10/13/10	20,075			20,075	10	MO S/L	18,569	1,506
590	Signage - Comm Ctr	10/07/10	9,545			9,545	10	MO S/L	8,829	716
591	Sunshade at Coppergate	12/31/10	2,405			2,405	5	MO S/L	2,405	0
592	Bike Track at Coppergate	12/31/10	4,100			4,100	5	MO S/L	4,100	0
593	Retractable Awning	9/30/11	5,000			5,000	39	MO S/L	1,058	128
594	Remodel of Restrooms	6/14/11	10,602			10,602	39	MO S/L	2,333	272
595	Hatch Computers for Coppergate	2/01/12	5,553			5,553	5	MO S/L	5,553	0
	Sold/Scrapped: 12/31/20									
596	8x8 Phone System	11/30/11	8,188			8,188	5	MO S/L	8,188	0
623	Front doors and storefront	12/14/15	11,780			11,780	39	MO S/L	1,233	302
624	Security camera and access system	12/14/15	18,828			18,828	5	MO S/L	15,376	3,452
643	HP LASER JET COPIER	11/03/15	0			0	0	HY	0	0
644	PPT ONLY - ARMOIRE	2/18/19	0			0	0	HY	0	0
645	PPT ONLY - LAMINATOR FROM STAPI	3/22/19	0			0	0	HY	0	0
647	4th Street Land	2/01/19	7,866			7,866	0	-- Memo	0	0
653	Website upgrade	12/31/19	10,000			10,000	0	-- Memo	0	0
654	KONICA C458 W/ FAX & FINISHER COI	5/04/17	0			0	0	HY	0	0
655	KYOCERA TASKALFA 4550 CI COPIER	3/24/15	0			0	0	HY	0	0
656	RICOH DIGITAL COPIER LEASE	4/01/15	0			0	0	HY	0	0
657	KYOCERA TASKALFA 356 CI COPIER I	4/01/17	0			0	0	HY	0	0
658	SOLD LAND - 3600 EISENHOWER RD.	6/23/95	4,164			4,164	0	-- Memo	0	0
	Sold/Scrapped: 8/25/20									
659	NEW ROOF - EISENHOWER	10/24/20	19,475			19,475	30	MO S/L	0	108
660	A/C SYSTEM AT EISENHOWER	10/31/20	28,805			28,805	10	MO S/L	0	480
661	REMODEL OFFICE	12/24/20	27,277			27,277	5	MO S/L	0	0
662	CAMERA SYSTEM	12/30/20	38,187			38,187	5	MO S/L	0	0
663	CAMERA SYSTEM	12/31/20	9,383			9,383	0	-- Memo	0	0
664	CLASSROOM REMODELING	11/16/20	47,082			47,082	30	MO S/L	0	131
665	AWNING	12/31/20	29,063			29,063	30	MO S/L	0	0
666	FRONT DOORS @ EISENHOWER	12/28/20	7,596			7,596	30	MO S/L	0	0
	Total Other Depreciation		<u>3,796,900</u>			<u>3,796,900</u>			<u>2,170,535</u>	<u>71,053</u>
	Total ACRS and Other Depreciation		<u>3,796,900</u>			<u>3,796,900</u>			<u>2,170,535</u>	<u>71,053</u>
	Grand Totals		4,837,869			4,615,944			2,710,292	92,070
	Less: Dispositions and Transfers		109,310			109,310			27,682	1,778
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		<u>4,728,559</u>			<u>4,506,634</u>			<u>2,682,610</u>	<u>90,292</u>

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	\$ 19,122		14			
INTEREST	4		14			
TOTAL	\$ 19,126					

Schedule A, Part II, Line 1(e)

Description	Amount
GRANTS	\$ 389,112
GRANTS	29,996
GRANTS	12,102
GRANTS	2,045,472
GRANTS	1,132,430
GRANTS	1,051,587
GRANTS	160,250
GRANTS	160,972
GRANTS	899,301
GRANTS	162,182
GRANTS	59,340
CONTRIBUTIONS	38,053
CONTRIBUTIONS	43,057
CONTRIBUTIONS	86,819
CONTRIBUTIONS	-5,610
CONTRIBUTIONS	3,500
IN KIND	17,602
IN KIND	7,360
IN KIND	11,913

Client Copy

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CONTRIBUTIONS	\$ 2,849
CONTRIBUTIONS	21,477
CONTRIBUTIONS	50
CONTRIBUTIONS	1,500
IN KIND ADMIN	-4,660
TOTAL	<u>\$ 6,326,654</u>

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
THE COMMUNITY FOUNDATION OF GREATER NORTH CENTRAL HEALTH SERVICES INC	\$ 105,655 71,802	\$
TOTAL	<u>\$ 177,457</u>	<u>\$ 0</u>

Schedule A, Part II, Line 10(e)

Description	Amount
MISCELLANEOUS	\$ 12,909
TOTAL	<u>\$ 12,909</u>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

BAUER FAMILY RESOURCES INC

Taxpayer identification number

35-1165883

Name and title of officer or person subject to tax

**JAY MILL
CHIEF FIN. OFFICER**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	7,003,422
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

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

Under penalties of perjury, I declare that I am an officer of the above organization of I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HUTH THOMPSON LLP** to enter my PIN **03269** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } **09/15/21**

Part III Certification and Authentication

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

35472326000

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **KIMBERLEY R MORISETTE** Date } **09/15/21**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

35-1165883

BAUER FAMILY RESOURCES INC

Net Asset / Fund Balance at Beginning of Year		<u>3,039,086</u>
Revenue		
Contributions	<u>6,326,654</u>	
Program service revenue	<u>706,508</u>	
Investment income	<u>19,126</u>	
Capital gain / loss	<u>-61,775</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>12,909</u>	
Total revenue		<u>7,003,422</u>
Expenses		
Program services	<u>6,655,169</u>	
Management and general	<u>166,208</u>	
Fundraising	<u>11,727</u>	
Total expenses		<u>6,833,104</u>
Excess / (deficit)		<u>170,318</u>
Changes		<u>-5,109</u>
Net Asset / Fund Balance at End of Year		<u>3,204,295</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>7,577,814</u>
Less:	
Unrealized gains	<u>34,691</u>
Donated services	<u>539,532</u>
Recoveries	<u> </u>
Other	<u>169</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>7,003,422</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>7,412,599</u>
Less:	
Donated services	<u>539,532</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u>-2</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>6,833,104</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,830,103</u>	<u>4,139,952</u>	
Liabilities	<u>791,017</u>	<u>935,657</u>	
Net assets	<u>3,039,086</u>	<u>3,204,295</u>	<u>165,209</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____