

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

**2021**  
**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](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

**C Name of organization**  
**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** **7,833,276**

**F Name and address of principal officer:**  
**MONICA SMITH**  
**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) ( ) (insert no.)  4947(a)(1) or  527

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

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

**L Year of formation:** **1929** **M State of legal domicile:** **IN**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**CREATING BRIGHTER TOMORROWS BY STRENGTHENING CHILDREN AND FAMILIES TODAY.**

**2** Check this box  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** **16**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **16**

**5** Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5** **175**

**6** Total number of volunteers (estimate if necessary) **6** **219**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

**7b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** **0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>6,326,654</b>	<b>6,769,496</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>706,508</b>	<b>533,970</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-42,649</b>	<b>87,006</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>12,909</b>	<b>14,753</b>
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,003,422</b>	<b>7,405,225</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>345,993</b>	<b>330,179</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>4,496,409</b>	<b>4,675,371</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>23,952</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,990,702</b>	<b>2,212,590</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>6,833,104</b>	<b>7,218,140</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>170,318</b>	<b>187,085</b>
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>4,139,952</b>	<b>4,272,667</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>935,657</b>	<b>888,723</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,204,295</b>	<b>3,383,944</b>

**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: **JAY MILL** Date: \_\_\_\_\_  
 Type or print name and title: **CHIEF FIN. OFFICER**

**Paid Preparer Use Only**

Print/Type preparer's name: **KIMBERLEY R MORISETTE** Preparer's signature: **KIMBERLEY R MORISETTE** Date: **10/24/22** Check  if self-employed  if PTIN: **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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

**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 \$ **4,380,683** including grants of \$ **188** ) (Revenue \$ )  
**SEE SCHEDULE O**

Client Copy

4b (Code: ) (Expenses \$ **570,821** including grants of \$ **2,359** ) (Revenue \$ **483,570** )  
**SEE SCHEDULE O**

4c (Code: ) (Expenses \$ **2,226,237** including grants of \$ **141,838** ) (Revenue \$ **50,400** )  
**YOUTH SERVICES INCLUDE THE REMAINDER OF THE ORGANIZATION'S PROGRAMS AND IN 2021 INCLUDED YOUTH DEVELOPMENT AND SCHOOL COURT. DURING 2021, YOUTH DEVELOPMENT OFFERED BOTH AFTER SCHOOL AND SUMMER PROGRAMMING. THERE WERE 48 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 **7,177,741**

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

**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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 the 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 line 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	<b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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 on 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	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> <b>175</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. <b>17</b>		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.	<b>16</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>16</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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.		<b>X</b>

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

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

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>TRISTAN COMEGYS</b>	40.00									
CHIEF EXE. OFFICER	0.00			X			122,984	0	1,862	
(2) <b>JAY MILL</b>	40.00									
CHIEF FIN. OFFICER	0.00			X			106,776	0	2,269	
(3) <b>JIM BIEN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) <b>ERIC H BURNS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>CHRIS COBBINS</b>	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(6) <b>JULIE COLE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>MICHELLE DENNIS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>JESSE FORD</b>	1.00									
TREASURER	0.00	X		X			0	0	0	
(9) <b>ANDREW GIBBS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>TERRY GILBERT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>ANNE HAZLETT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ERIN HOYING	1.00									
SECRETARY	0.00	X		X			0	0	0	
(13) ALISHA REFERDA	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) DIANE REIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) MONICA SMITH	1.00									
CHAIRMAN	0.00	X		X			0	0	0	
(16) TIMOTHY THARP	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) MALLORI WALKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) KURT WOLF	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>229,760</b>		<b>4,131</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>229,760</b>		<b>4,131</b>	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BUSINESS SYSTEMS SOLUTIONS 1211 CUMBERLAND AVE WEST LAFAYETTE IN 47906	IT SUPPORT	323,833
US FOOD SERVICE INC PO BOX 78000 DETROIT MI 48278	FOOD SERVICE	132,320
HELPING HANDS COMMERCIAL CLEANING 3810 E 100 N FLORA IN 46929	JANITORIAL SERV	114,384

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



**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	<b>1a</b> Federated campaigns	<b>1a</b> 363,000					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 6,132,059					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 274,437					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 95,734					
	<b>h Total.</b> Add lines 1a-1f		<b>6,769,496</b>				
	Program Service Revenue	<b>2a</b> SERVICE FEES	Business Code <b>624100</b>	<b>533,970</b>	<b>533,970</b>		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			<b>533,970</b>				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>21,307</b>			<b>21,307</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>493,750</b>				
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b> 418,051	<b>10,000</b>				
	<b>c</b> Gain or (loss)	<b>7c</b> 75,699	<b>-10,000</b>				
<b>d</b> Net gain or (loss)		<b>65,699</b>			<b>65,699</b>		
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11a</b> MISCELLANEOUS	Business Code <b>900099</b>	<b>14,753</b>			<b>14,753</b>	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		<b>14,753</b>				
	<b>12 Total revenue.</b> See instructions		<b>7,405,225</b>	<b>533,970</b>	<b>0</b>	<b>101,759</b>	

**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	185,794	185,794		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	144,385	144,385		
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	233,892		225,370	8,522
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	28,835		28,835	
7 Other salaries and wages	3,707,588	3,389,695	316,904	989
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,413	19,458	5,955	
9 Other employee benefits	445,789	411,304	34,013	472
10 Payroll taxes	233,854	190,260	42,886	708
11 Fees for services (nonemployees):				
a Management				
b Legal	8,152	4,397	3,755	
c Accounting	75,215	68	75,147	
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	23,369	22,816	55	498
13 Office expenses	734,898	695,755	29,898	9,245
14 Information technology	32,845	25,857	6,777	211
15 Royalties				
16 Occupancy	519,697	505,789	13,891	17
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	199,097	190,360	8,737	
20 Interest	17,935	17,935		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,224	90,797	16,427	
23 Insurance	45,791	42,009	3,777	5
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	368,029	317,497	50,532	
b RECRUITMENT AND RETENTION	69,438	60,197	8,591	650
c MISCELLANEOUS EXPENSE	5,900	5,589	40	271
d BAD DEBT	5,000	5,000		
e All other expenses		852,779	-855,143	2,364
25 Total functional expenses. Add lines 1 through 24e	7,218,140	7,177,741	16,447	23,952
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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>319,679</b>	<b>1</b>	<b>214,522</b>
	<b>2</b> Savings and temporary cash investments	<b>38,279</b>	<b>2</b>	<b>14,903</b>
	<b>3</b> Pledges and grants receivable, net	<b>1,087,689</b>	<b>3</b>	<b>1,263,733</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>78,698</b>	<b>9</b>	<b>64,519</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a 4,838,640</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b 2,904,343</b>	<b>1,951,287</b>	<b>10c 1,934,297</b>
	<b>11</b> Investments—publicly traded securities	<b>664,320</b>	<b>11</b>	<b>780,693</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>4,139,952</b>	<b>16</b>	<b>4,272,667</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>534,772</b>	<b>17</b>	<b>361,601</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>10 19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>389,099</b>	<b>23</b>	<b>527,122</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>11,776</b>	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>935,657</b>	<b>26</b>	<b>888,723</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>1,875,656</b>	<b>27</b>	<b>2,089,664</b>
	<b>28</b> Net assets with donor restrictions	<b>1,328,639</b>	<b>28</b>	<b>1,294,280</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32 Total net assets or fund balances</b>	<b>3,204,295</b>	<b>32</b>	<b>3,383,944</b>	
<b>33 Total liabilities and net assets/fund balances</b>	<b>4,139,952</b>	<b>33</b>	<b>4,272,667</b>	

**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	7,405,225
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,218,140
3	Revenue less expenses. Subtract line 2 from line 1	3	187,085
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,204,295
5	Net unrealized gains (losses) on investments	5	6,071
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	-13,507
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,383,944

**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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

**BAUER FAMILY RESOURCES INC**

Employer identification number

**35-1165883**

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

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

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

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,259,611	6,313,533	6,496,689	6,326,654	6,769,496	31,165,983
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 <b>Total.</b> Add lines 1 through 3	5,259,611	6,313,533	6,496,689	6,326,654	6,769,496	31,165,983
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 <b>Public support.</b> Subtract line 5 from line 4.						31,165,983

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,259,611	6,313,533	6,496,689	6,326,654	6,769,496	31,165,983
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,424	18,405	21,042	19,126	21,307	94,304
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.)	280	600	3,384	12,909	14,753	31,926
11 <b>Total support.</b> Add lines 7 through 10						31,292,213
12 Gross receipts from related activities, etc. (see instructions)					12	4,448,117

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.60 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.62 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>			
<b>a</b> 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? <i>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.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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— <i>provide details in Part VI</i> )	
6 Other distributions ( <i>describe in Part VI</i> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
9 Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

**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** **\$ 31,926**

Client Copy

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization <b>BAUER FAMILY RESOURCES INC</b>	Employer identification number <b>35-1165883</b>
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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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

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

Schedule B (Form 990) (2021)

Name of organization <b>BAUER FAMILY RESOURCES INC</b>	Employer identification number <b>35-1165883</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF GREATER LAFAYETTE 1114 EAST STATE STREET  LAFAYETTE IN 47905	\$ 411,500	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	\$ 4,528,160	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	\$ 1,095,785	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	\$ 197,372	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	\$ 261,170	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
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

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. b 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	702,599	645,949	553,199	529,758	454,469
b Contributions					
c Net investment earnings, gains, and losses	99,982	62,697	98,200	23,601	75,449
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,984	6,047	5,450	160	160
g End of year balance	795,597	702,599	645,949	553,199	529,758

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  14.22 %
  - c Term endowment  85.78 %
- 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) Related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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		3,382,092	2,182,122	1,199,970
c Leasehold improvements		561,148	356,491	204,657
d Equipment		428,066	361,860	66,206
e Other		55,412	3,870	51,542
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,934,297</b>



**Part VII Investments – Other Securities.**

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

(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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	7,950,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	6,071
	b Donated services and use of facilities	2b	539,693
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	545,764
3	Subtract line 2e from line 1	3	7,405,225
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	7,405,225

**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	7,771,340
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	539,693
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	13,507
	e Add lines 2a through 2d	2e	553,200
3	Subtract line 2e from line 1	3	7,218,140
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	7,218,140

**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 2018 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 XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	
BOOK TO TAX DEPRECIATION DIFFERENCE	\$ 13,507

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**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 non-cash assistance	(h) Purpose of grant or assistance
(1)	FOOD FINDERS 1204 GREENBUSH ST LAFAYETTE IN 47904	31-1020198	501C3	84,000				MOBILE FOOD PANTRY
(2)	HOPE SPRINGS PO BOX 244 ATTICA IN 47918	46-5567730	501C3	12,150				DOMESTIC VIOLENCE PR
(3)	HEALTHY COMM CLINTON COUNTY 1458 OAK ST FRANKFORT IN 46041	46-2835793	501C3	15,000				COVID PREVENTION
(4)	LYN TREECE BOYS AND GIRLS CLUB 231 CHESTNUT ST LAFAYETTE IN 47905	35-1262269	501C3	10,000				SOCIAL EMOTIONAL LEA
(5)	GRACE RECOVERY CORP 615 N 22ND ST LAFAYETTE IN 47904	82-5214409	501C3	14,000				KIDS HOPE IN TIPPECA
(6)	FAITH BIBLICAL COUNSELING MINISTRIE 5526 STATE RD 26 E LAFAYETTE IN 47905	26-3450831	501C3	8,000				BE THE BRIDGE INIT
(7)	ATTICA CONS SCHOOL CORP 205 EAST SYCAMORE ST ATTICA IN 47918	35-1071685	501C3	6,144				STUDENT NEEDS
(8)	COMMUNITY SCHOOLS OF FRANKFORT ONE S MAISH RD FRANKFORT IN 46041	35-6002397	501C3	10,000				STUDENT NEEDS
(9)	TIPPECANOE SCHOOL CORPORATION 21 ELSTON RD LAFAYETTE IN 47909	35-1073190	501C3	10,000				STUDENT NEEDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11**

3 Enter total number of other organizations listed in the line 1 table **11**

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

Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**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 non-cash assistance	(h) Purpose of grant or assistance
(1)	LAFAYETTE SCHOOL CORPORATION 2300 CASON ST LAFAYETTE IN 47904	35-6002558	501C3	10,000				STUDENT NEEDS
(2)	DELPHI UNITED METHODIST CHURCH 1796 US 421 DELPHI IN 46923	35-1435603	501C3	6,500				BUDDY BAGS
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

Schedule I (Form 990) (2021)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1 ASSISTANCE FOR CLIENTS</b>	<b>284</b>	<b>144,091</b>			
<b>2 FOOD PURCHASES</b>	<b>1</b>	<b>99</b>			
<b>3 MEDICAL ASSISTANCE</b>	<b>1</b>	<b>195</b>			
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**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

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

Name of the organization

**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	<b>X</b>		<b>95,734</b>	<b>FAIR MARKET VALUE</b>
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 ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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

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

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

Schedule M (Form 990) 2021

**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)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Employer identification number

**BAUER FAMILY RESOURCES INC****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 2021, EARLY HEAD START SERVICED 115 CHILDREN AND FAMILIES (INCLUDING PREGNANT WOMEN AND HOME BASED FAMILIES). THE TIPPECANOE COUNTY HEAD START PROGRAM SERVED 239 FAMILIES AND THE CARROLL, CLINTON, AND WHITE COUNTY PROGRAM SERVED 155 FAMILIES. OF THESE, 8.84% WERE FOSTER CHILDREN, 20.04% WERE HOMELESS, AND 1.57% WERE RECEIVING PUBLIC ASSISTANCE. THE ORGANIZATION RECEIVED \$635,426 IN IN-KIND SUPPORT FROM THE COMMUNITY IN 2021.

**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 2021, 92 FAMILIES PARTICIPATED IN THE COUNSELING DIVISION. OF THESE, 21.11% 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 6 FAMILIES IN 2021. OF THESE, 66.67% OF FAMILIES WERE REUNITED OR HAD CHILDREN THAT REMAINED IN THE CARE OF THEIR PARENTS. FAMILY PRESERVATION SERVICES ARE DESIGNED FOR FAMILIES THAT HAVE A SUBSTANTIATED CASE OF ABUSE OR NEGLECT, BUT THAT DCS BELIEVES THAT COULD SAFELY CARE FOR THEIR CHILDREN IN THEIR OWN HOME WITH THE ASSISTANCE OF APPROPRIATE SERVICES. IN 2021, 20 FAMILIES PARTICIPATED IN FAMILY PRESERVATION SERVICES. OF THESE, 95% OF THE FAMILIES REMAINED INTACT. COMMUNITY PARTNERS IS A CHILD ABUSE PREVENTION PROGRAM. IN ADDITION TO CASE MANAGEMENT, THE PROGRAM CAN MEET CONCRETE NEEDS OF FAMILIES. IN 2021, 1,757 INDIVIDUALS RECEIVED COMMUNITY PARTNERS SERVICES. THE PROGRAM PAID MORE THAN \$120,000 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

Name of the organization

Employer identification number

BAUER FAMILY RESOURCES INC

35-1165883

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 ORGANIZATION'S 990 TAX RETURN IS AVAILABLE ON WWW.GUIDESTAR.ORG AND THE WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
BOOK TO TAX DEPRECIATION DIFFERENCE \$ -13,507

Client Copy

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

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	1,050,000
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	2,620,000
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 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 2022. 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	90,946

**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 2021	17	16,278
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		

**Section B—Assets Placed in Service During 2021 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 2021 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	107,224
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

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## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
537	Electrical Upgrade @ SS	6/27/07	26,446			26,446	39 MMS/L	9,183	678
542	rennovations of south unit	5/27/08	14,836			14,836	39 MMS/L	4,803	380
543	electrical upgrade	4/09/08	3,039			3,039	39 MMS/L	990	78
544	electrical upgrade	7/31/08	743			743	39 MMS/L	237	19
545	door/monitors/announcer	11/30/08	19,172			19,172	39 MMS/L	5,961	491
547	Triangle Park rehabilitation project	9/26/08	33,520			33,520	39 MMS/L	10,565	859
550	Doors (restroom, kitchen, west wall)	12/11/08	3,103			3,103	39 MMS/L	958	79
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	59,054	4,521
564	Windows - Gym - SS	12/02/09	2,134			2,134	39 MMS/L	604	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	17,167	0
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	3,043	322
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	6,491	1,045
620	WALL MATS FOR GYM	11/04/15	6,595		X	3,297	5 HY 200DB	6,595	0
625	New Roof (Family Support Center)	6/29/16	6,226			6,226	39 MMS/L	725	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	13,300	0
629	EISENHOWER FIRE ALARM SYSTEM	9/28/17	13,291			13,291	39 MMS/L	1,122	341
630	STORAGE SHED & FOUNDATION - HA	11/10/17	6,327			6,327	3 MQ200DB	6,327	0
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	426	180
633	PLAYGROUND NORTHEMEND	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	6,922	2,914
637	RESTROOM	7/24/18	24,675			24,675	39 MMS/L	1,555	633
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	741	379
648	3rd Street House Porch Addition	6/29/19	44,450			44,450	39 MMS/L	1,757	1,140
649	Downstairs Bathroom Remodel - CC	11/15/19	33,000			33,000	39 MMS/L	952	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	732	703
652	LIGHTING UPGRADE PROJECT	5/29/19	17,775			17,775	39 MMS/L	741	455
			<u>961,727</u>			<u>739,802</u>		<u>557,218</u>	<u>16,278</u>
<b>Other Depreciation:</b>									
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
12	FIRE ALARM FOUNTAIN ST	7/28/95	9,864			9,864	40 MO S/L	6,278	247
14	SIDEWALK	10/28/96	2,446			2,446	40 MO S/L	1,498	61

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## Federal Asset Report

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## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
15	FIRE ALARM PANEL	10/31/96	500			500	40 MO S/L	306	13
16	RESOURCE ROOM CONST	12/13/96	432			432	40 MO S/L	265	10
17	BUILDING	6/23/95	400,000			400,000	40 MO S/L	250,000	10,000
18	REMODLING	12/31/95	55,530			55,530	40 MO S/L	34,706	1,388
19	REMODEL	6/30/96	95,761			95,761	40 MO S/L	58,653	2,395
20	BUILDING 3600 EISENHOWER	4/01/97	202,224			202,224	40 MO S/L	120,070	5,056
21	BUILDING 3600 EISENHOWER	5/08/97	181,734			181,734	40 MO S/L	107,526	4,543
22	BUILDING 3600 EISENHOWER	8/24/97	31,000			31,000	40 MO S/L	18,083	775
23	BUILDING 3600 EISENHOWER	6/18/97	230,355			230,355	40 MO S/L	135,334	5,759
24	BUILDING 3600 EISENHOWER	7/21/97	75,720			75,720	40 MO S/L	44,328	1,893
25	BUILDING 3600 EISENHOWER	8/06/97	86,738			86,738	40 MO S/L	50,778	2,168
26	WATER HEATER	4/10/97	1,773			1,773	31 MO S/L	1,337	56
27	RESOURCE ROOM REMOLDING	2/10/97	2,816			2,816	40 MO S/L	1,683	71
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	1,389	59
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	1,067	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	1,039	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	183	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	644	27
374	FY/FD BATHROOM	8/31/97	1,250			1,250	40 MO S/L	729	31
377	BUILDING PERMITS	1/21/97	1,551			1,551	40 MO S/L	927	39
380	HS SINK	7/30/97	1,189			1,189	25 MO S/L	1,113	48
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	408	34
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	3,267	266
492	Triangle Park Site Prep -in kind	9/26/08	43,217			43,217	15 MO S/L	35,294	2,881
493	SS KITCHEN UPGRADE	2/12/04	3,235			3,235	39 MO S/L	1,403	83
494	SS MEETING ROOM REFURBISHING	10/01/04	9,148			9,148	39 MO S/L	3,812	234
495	WINDOWS FOR HS BUILDING	7/26/04	9,075			9,075	39 MO S/L	3,820	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	2,660	161
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	17,653	1,127
502	Sign	9/26/05	2,563			2,563	15 MO S/L	2,563	0
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	53,463	4,249
508	KITCHEN IMPRV - PAINT	5/15/06	2,654			2,654	39 MO S/L	998	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	6,772	539
539	BCW Doors	5/27/08	2,638			2,638	39 MO S/L	851	68
540	Triangle Park Construction In Progress	9/26/08	65,000			65,000	15 MO S/L	53,083	4,334
553	BCW Renovations	5/13/10	16,129			16,129	39 MO S/L	4,411	414
554	Electric at SS	7/31/09	12,735			12,735	39 MO S/L	3,728	327
556	Engineering for Construction @ SS	9/30/09	6,800			6,800	39 MO S/L	1,962	174
557	Cement pod for refrig @ HS	9/25/09	1,080			1,080	5 MO S/L	1,080	0
565	Design Fees - EHS expansion	5/13/10	6,302			6,302	39 MO S/L	1,724	161
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	21,524	2,018

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## Federal Asset Report

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## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
569	Roofing @ SS	1/31/10	57,050			57,050	10 MO S/L	57,050	0
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	5,500	515
572	BCW Renovations	5/13/10	6,935			6,935	39 MO S/L	1,897	178
573	BCW Renovations	9/17/10	45,781			45,781	39 MO S/L	12,032	1,174
574	Classroom Remodeling	9/07/10	123,013			123,013	39 MO S/L	32,593	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	962	93
577	EHS Classroom Adn - Com Ctr	5/13/10	154,220			154,220	39 MO S/L	42,180	3,954
578	Restroom Renov at Comm Ctr	9/29/10	62,156			62,156	39 MO S/L	16,336	1,594
579	Landscaping at Comm Ctr	7/08/10	5,981			5,981	10 MO S/L	5,981	0
580	New Construction Painting-Comm Ctr	10/07/10	3,500			3,500	10 MO S/L	3,500	0
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	1,700	0
589	New Construction Painting -Comm Ctr	10/13/10	20,075			20,075	10 MO S/L	20,075	0
590	Signage - Comm Ctr	10/07/10	9,545			9,545	10 MO S/L	9,545	0
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	1,186	128
594	Remodel of Restrooms	6/14/11	10,602			10,602	39 MO S/L	2,605	272
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	1,535	302
624	Security camera and access system	12/14/15	18,828			18,828	5 MO S/L	18,828	0
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
	Sold/Scrapped: 12/31/21								
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
659	NEW ROOF - EISENHOWER	10/24/20	19,475			19,475	30 MO S/L	108	649
660	A/C SYSTEM AT EISENHOWER	10/31/20	28,805			28,805	10 MO S/L	480	2,881
661	REMODEL OFFICE	12/24/20	27,277			27,277	5 MO S/L	0	5,455
662	CAMERA SYSTEM	12/30/20	38,187			38,187	5 MO S/L	0	7,637
663	CAMERA SYSTEM	1/19/21	9,383			9,383	5 MO S/L	0	1,720
664	CLASSROOM REMODELING	11/16/20	47,082			47,082	30 MO S/L	131	1,569
665	AWNING	1/13/21	29,063			29,063	30 MO S/L	0	969
666	FRONT DOORS @ EISENHOWER	12/28/20	7,596			7,596	30 MO S/L	0	253
667	Classroom & Bathroom Remodel	12/31/21	24,052			24,052	0 -- Memo	0	0
668	Hawthorne Classroom and Bathroom Remo	12/31/21	27,490			27,490	0 -- Memo	0	0
669	Hawthorne Shared Bathroom	6/02/21	51,223			51,223	5 MO S/L	0	5,976
670	Playground at Hawthorne	10/25/21	10,975			10,975	5 MO S/L	0	366
	<b>Total Other Depreciation</b>		<u>3,880,572</u>			<u>3,880,572</u>		<u>2,215,684</u>	<u>90,946</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,880,572</u>			<u>3,880,572</u>		<u>2,215,684</u>	<u>90,946</u>
	<b>Grand Totals</b>		4,842,299			4,620,374		2,772,902	107,224
	<b>Less: Dispositions and Transfers</b>		10,000			10,000		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>4,832,299</u>			<u>4,610,374</u>		<u>2,772,902</u>	<u>107,224</u>

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 21,219		14			
INTEREST	53		14			
INTEREST	35		14			
TOTAL	<u>\$ 21,307</u>					

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
ALLOCATION	\$	\$ 852,779	\$ -855,143	\$ 2,364
TOTAL	<u>\$ 0</u>	<u>\$ 852,779</u>	<u>\$ -855,143</u>	<u>\$ 2,364</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

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



Form **8879-TE**

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning ....., 2021, and ending ....., 20 .....

**Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

# 2021

Department of the Treasury  
Internal Revenue Service  
Name of filer

EIN or SSN

**35-1165883**

**BAUER FAMILY RESOURCES INC**

Name and title of officer or person subject to tax **JAY MILL  
CHIEF FIN. OFFICER**

#### Part I Type of Return and Return Information

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>7,405,225</b>
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	
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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 ▶ **10/24/22**

#### 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 2021 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 ▶ **10/24/22**

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

## Forms 990 / 990-EZ Return Summary

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

35-1165883

### BAUER FAMILY RESOURCES INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>3,204,295</u>
<b>Revenue</b>		
Contributions	<u>6,769,496</u>	
Program service revenue	<u>533,970</u>	
Investment income	<u>21,307</u>	
Capital gain / loss	<u>65,699</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income	<u>14,753</u>	
Other income	<u>14,753</u>	
<b>Total revenue</b>		<u>7,405,225</u>
<b>Expenses</b>		
Program services	<u>7,177,741</u>	
Management and general	<u>16,447</u>	
Fundraising	<u>23,952</u>	
<b>Total expenses</b>		<u>7,218,140</u>
<b>Excess / (deficit)</b>		<u>187,085</u>
Changes		<u>-7,436</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>3,383,944</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>7,950,989</u>
Less:	
Unrealized gains	<u>6,071</u>
Donated services	<u>539,693</u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>7,405,225</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>7,771,340</u>
Less:	
Donated services	<u>539,693</u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>13,507</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>7,218,140</u>

		Balance Sheet		
		Beginning	Ending	Differences
Assets	<u>4,139,952</u>	<u>4,272,667</u>		
Liabilities	<u>935,657</u>	<u>888,723</u>		
Net assets	<u>3,204,295</u>	<u>3,383,944</u>	<u>179,649</u>	

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_