| Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog. |
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** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service 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

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

Open to Public Inspection

| _ | 1 01 111 | e 2019 Calendar year, or tax year beginning | enung | _ | |
|-------------------------|---------------------|---|---------------|--------------------------|---------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number |
| | Addre | | | | |
| | Name chang | e Doing business as | | 82-26616 | 56 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r |
| | Final return | 7/22 E TOUDNEY IN | | 440-708- | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 945,200. |
| | Amen | | | H(a) Is this a group re | |
| F | Applic | | | for subordinates | |
| | pendi | | 255 | | ncluded? Yes No |
| $\overline{}$ | Tay.ev | empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ | | 1 | list. (see instructions) |
| | | te: > HTTP://WWW.FOREBATTEN.ORG | 01 027 | H(c) Group exemptio | |
| | | organization: X Corporation | I Vear | | A State of legal domicile; AZ |
| | art I | Summary | L I Cai | or formation. 2017 | 7 State of legal dofficile, 222 |
| | | Briefly describe the organization's mission or most significant activities: THIS | ORGAN | ITZATTON TS | ORGANIZED |
| Activities & Governance | ' | EXCLUSIVELY FOR EDUCATIONAL AND CHARITAB | LE PIIE | POSES INCL | IIDING TO |
| nar | | Check this box if the organization discontinued its operations or dispo | | | |
| Ver | 1 | | | 1 _ | 4 |
| Ĝ | | | | | 4 |
| ∞ ′′ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 |
| ţį | | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 15 |
| Ξ̈́ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 0. |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | d | Net unrelated business taxable income from Form 990-T, line 39 | ····· | | |
| | | 0 17 17 17 17 17 17 17 17 17 | | Prior Year 652,461. | Current Year 675,440. |
| ne | | Contributions and grants (Part VIII, line 1h) | | 052,401. | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 219. | 0. |
| Be | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 219. | 2,388. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | -74,150. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 652,680. | 603,678. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 210,000. | 259,704. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Ř | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | 22 242 | 45.605 |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 29,849. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 239,849. | 275,309. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 412,831. | 328,369. |
| Net Assets or | <u> </u> | | Ве | eginning of Current Year | End of Year |
| Set | 20 | Total assets (Part X, line 16) | | 604,078. | 932,447. |
| A | 21 | Total liabilities (Part X, line 26) | | 0. | 0. |
| <u> </u> | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 604,078. | 932,447. |
| | art II | Signature Block | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedule | | | y knowledge and belief, it is |
| true | e, correc | ct, and complete. Declaration of preparer (other than officer) is based on all information of w | hich prepareı | r has any knowledge. | |
| | | | | | |
| Sig | jn | Signature of officer | | Date | |
| He | re | KAREN KAHN, PRESIDENT/CEO | | | |
| | | Type or print name and title | | N-1- | DTI* |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | d | EUGENE KIM EUGENE KIM | 1 | L1/02/20 if self-employ | _{ed} P00738418 |
| | parer | Firm's name ► RAIMONDO PETTIT GROUP | | Firm's EIN | 33-0532641 |
| Use | Only | Firm's address 21515 HAWTHORNE BL. #1250 | | | |
| | | TORRANCE, CA 90503-6583 | | Phone no. (3 | 10)540-5990 |
| Ма | y the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

Page 2

| Pai | Check if Schedule O contains a response or note to any line in this Part III | 1 |
|-----|--|----------|
| | | _ |
| 1 | Briefly describe the organization's mission: TO FUND PIONEERING RESEARCH AND COMPASSIONATELY SUPPORT THE BATTEN | |
| | COMMUNITY. THE ORGANIZATION WORKS TIRELESSLY TO GIVE CHILDREN WITH | _ |
| | BATTEN DISEASE THE BEST POSSIBLE LIFE, TO SPREAD AWARENESS OF THE | _ |
| | URGENCY TO FUND NEW TREATMENTS, AND TO HELP ALL FAMILIES AFFECTED BY | _ |
| | | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No | |
| | | |
| _ | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No | |
| 3 | | |
| | 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 | |
| 10 | revenue, if any, for each program service reported. (Code:) (Expenses \$ 259,704 • including grants of \$ 259,704 •) (Revenue \$ | _ |
| 4a | (Code:) (Expenses \$ 259,704 · including grants of \$ 259,704 ·) (Revenue \$ THIS ORGANIZATION MADE GRANTS TO SEVERAL TAX-EXEMPT 501(C)(3) |) |
| | ORGANIZATIONS THAT ADVANCE THE OBJECTIVES OF THIS ORGANIZATION TO | - |
| | PROMOTE AWARENESS OF BATTEN DISEASE AS WELL AS TO PROMOTE OPPORTUNITIES | - |
| | FOR SCIENTISTS TO COME TOGETHER TO CREATE AND FUND INNOVATIVE RESEARCH | _ |
| | PROPOSALS TO WORK TOWARD A CURE FOR BATTEN DISEASE. | _ |
| | TROTOGRADO TO WORK TOWARD A CORE FOR DATTEN DIDEADE. | - |
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| | | _ |
| 4b | | _ |
| 40 | (Code:) (Expenses $\$$ including grants of $\$$) (Revenue $\$$ |) |
| | | - |
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| 4c | (Code:) (Expenses \$ | <u> </u> |
| | N/A | , |
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| | | - |
| 4d | Other program services (Describe on Schedule O.) | - |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses > 259,704. | - |

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)? | | х | |
| • | If "Yes," complete Schedule A | 2 | X | |
| 2 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | 21 | |
| 3 | | 3 | | x |
| 1 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 3 | | |
| 7 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| J | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | X |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | - | | |
| J | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| • | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | Х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | l |
| | Schedule D, Parts XI and XII | 12a | | X |
| 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 | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | l 🕶 |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 4- | | x |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 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 | 46 | | x |
| 17 | | 16 | | - 25 |
| 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 | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | - ' ' | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | \vdash |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | <u></u> |
| | | | | |

932003 01-20-20

| 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 | | 1.00 | 1 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 22 | | x |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 214 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | _ |
| 2 5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | ٠,, |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | 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? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? | | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| - | contributions? If "Yes," complete Schedule M | 30 | Х | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | X |
| 34 | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | _ | | 7.7 |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 31 | | |
| | | 38 | Х | |
| Pai | Note: All Form 990 filers are required to complete Schedule O To 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 |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a U | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | - | | |
| U | (gambling) winnings to prize winners? | 1c | | |
| | · · · · · · · · · · · · · · · · · · | | | |

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

| | | | Ye | s No | | | | | | | |
|----|---|----------------------|--------------|----------|--|--|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 0 | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | . 3a | | X | | | | | | | |
| 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 | | | | | | | | | | |
| 4a | a 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)? | . 4a | \perp | <u> </u> | | | | | | | |
| 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). | | | ١ | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | _ | _ | X | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | +- | X | | | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | . <u>5</u> c | | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | ₩ | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | . <u>6a</u> | | X | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | | |
| _ | were not tax deductible? | . 6b | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | x | | | | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo | | | | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 10 | + | | | | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | . 7c | | X | | | | | | | |
| d | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year | · /'C | | 122 | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | _ | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C | | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | . 9b | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| | amounts due or received from them.) | 4 | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 128 | 3 | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | _ | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 138 | 3 | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| D | 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 Enter the amount of reserves on hand 13b 13c | | | | | | | | | | |
| | | 148 | | X | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | ` | _ | + | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | · - " | + | | | | | | | | |
| .5 | excess parachute payment(s) during the year? | 15 | | x | | | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |
| | | | ~~ | O | | | | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | | |
|-----|---|----------|----------|----------|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 | | | | | | | | | |
| | 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 | Enter the number of voting members included on line 1a, above, who are independent 1b | 1 | | | | | | | | | |
| 2 | | | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | Х | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | X | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | |
| | more members of the governing body? | 7a | X | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | |
| | persons other than the governing body? | 7b | | <u> </u> | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | |
| а | The governing body? | 8a | Х | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | l | | | | | | | | |
| | in Schedule O how this was done | 12c | Х | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | | |
| | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | | | |
| 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 | /) avail | able | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | Own website Another's website X 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, a | nd fina | ncial | | | | | | | | |
| | 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 | | | | | | | | | | |
| | KAREN KAHN - 440-708-6008 | | | | | | | | | | |
| | 7433 E. JOURNEY LN, SCOTTSDALE, AZ 85255 | | | | | | | | | | |

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

| Check this box if neither the organization n | | l | 21 11 2 0 | | | прсі | isai | | | (E) |
|--|-------------------|---|-----------------------|-----------|------------------|---------------------------------|--------|-------------------------|--|------------------------|
| (A) | (B) | | | ر) Pos | C) ition | 1 | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | heck | ck more than one | | | Reportable compensation | Reportable compensation | Estimated amount of |
| | hours per week | box, unless person is both an officer and a director/trustee) | | | | | tee) | from | from related | other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | direc | | | | - D | | organization | (W-2/1099-MISC) | from the |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (** = ** * * * * * * * * * * * * * * * * | organization |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest compensated employee | | | | and related |
| | below | idual | tution | la e | Key employee | est co | Je. | | | organizations |
| | line) | Indi | Instii | Officer | Key | High emp | Former | | | |
| (1) DAVID KAHN | 4.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (2) KAREN KAHN | 7.50 | | | | | | | | | |
| PRESIDENT/CEO | | х | | x | | | | 0. | 0. | 0. |
| (3) KATHRYN NIEDERER | 2.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (4) JENNIFER MCGINN | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (5) MARLENA KAHN | 1.00 | | | | | | | | | |
| SECRETARY | | | | x | | | | 0. | 0. | 0. |
| (6) CHAD MCGINN | 1.00 | | | | | | | | | |
| CFO/TREASURER | | | | х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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FORE BATTEN FOUNDATION

| Part VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | ees | , and | d Hi | ighe | st C | Compensated Employe | es (continued) | |
|---|--|--------------------------------|-----------------------|--|--------------|---------------------------------|------------|---|--|--|
| (A) Name and title | (B) Average hours per week | | | Position (do not check more box, unless person i officer and a directo | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| | illie) | JII. | sul | ₩0 | Ke |) H | 요 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | _ | | | | | | | | 1 |
| | | | | | | | | | | 1 |
| | | | | | | | | | | 1 |
| 1b Subtotal | | | | | | 1 | | 0. | 0 | . 0. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | 0 | |
| d Total (add lines 1b and 1c) | | | | | | | • | 0. | 0 | . 0. |
| 2 Total number of individuals (including but r | | | | | | | no r | eceived more than \$100 | 0,000 of reportable | |
| compensation from the organization | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | - | - | - | | _ | ghest compensated emp | • | 3 X |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or | | | | | - | | elat | ted organization or indiv | idual for services | _ V |
| rendered to the organization? If "Yes," com Section B. Independent Contractors | nplete Schedul | e J f | or s | uch | pers | son . | | | | 5 X |
| Complete this table for your five highest co | = | - | | | | | | | | nsation from |
| the organization. Report compensation for | the calendar y | ear | endi | ng v | vith | or w | ithir T | | year. | (C) |
| (A) Name and business | address | N | INC | 3 | | | | (B) Description of s | services | Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total number of independent contractors (\$100,000 of compensation from the organi | • | ot lii | mite | d to | | se li: 0 | stec | d above) who received n | nore than | |
| | | | | | | | | | | Form 990 (2019 |

| Form | 1990 |) (2 | 2019) FOR | E : | BATTEN | F | OUNDATIO | N | | 82-2661 | 656 Page 9 |
|--|------|----------|--|--|-------------|-------|--------------------|----------------------|--------------------------|------------------|-------------------------|
| Pa | rt V | <u> </u> | | | | | | | | | |
| | | | Check if Schedule O | conta | ins a respo | nse | or note to any lin | e in this Part VIII | /D\ | | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | | | | | TotalTevenue | function revenue | | from tax under |
| 10.10 | | | | | | | | | | | sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | а | Federated campaigns | | | | | | | | |
| Gra | | | Membership dues | | | | 400 060 | | | | |
| ts, | | | Fundraising events | | | | 408,068. | | | | |
| Gif | | d | Related organizations | | 1d | | | | | | |
| ns, Sim | | | Government grants (contr | | | | | | | | |
| utio er (| | f | All other contributions, gifts, | | | | 060 200 | | | | |
| Şiş | | | similar amounts not included | abov | | | 267,372. | | | | |
| ont nd (| | _ | Noncash contributions included in | | | | 267,372. | 685 440 | | | |
| <u>a</u> C | | h | Total. Add lines 1a-1f | | | | | 675,440. | | | |
| | | | | | | | Business Code | | | | |
| ice | 2 | | | | | _ | | | | | |
| erv | | b | | | | | | | | | |
| m S /en | | С | | | | _ | | | | | |
| gra Re | | d | | | | _ | | | | | |
| Program Service Revenue | | е | | | | _ | | | | | |
| ъ. | | | All other program service | | | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | | Investment income (include | _ | | | | 2,388. | | | 2 200 |
| | | | other similar amounts) | | | | | 4,300. | | | 2,388. |
| | 4 | | Income from investment of | | • | | | | | | |
| | 5 | | Royalties | ····· | (i) Real | | | | | | |
| | • | | | | (i) neai | | (ii) Personal | | | | |
| | | | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | [6c] | | | | | | | |
| | | | Net rental income or (loss) Gross amount from sales of | <u>' </u> | (i) Securit | | (ii) Other | | | | |
| | ′ | а | assets other than inventory | | (i) Securit | | (ii) Other | | | | |
| | | L | Less: cost or other basis | 7a | | | | | | | |
| <u>o</u> | | D | | | | | | | | | |
| enn | | _ | and sales expenses | | | | | | | | |
| Jev | | ر ن | Gain or (loss) | 10 | | | • | | | | |
| er F | | | Net gain or (loss) | | | ····· | P | | | | |
| Other Revenue | ŏ | a | including \$ 408 | | | | | | | | |
|) | | | contributions reported on | | | | | | | | |

e Total. Add lines 11a-11d ...

12 Total revenue. See instructions
932009 01-20-20

Miscellaneous Revenue -74,150.

d All other revenue

c Net income or (loss) from fundraising events

9 a Gross income from gaming activities. See Part IV, line 19

and allowances

b Less: cost of goods soldc Net income or (loss) from sales of inventory

10 a Gross sales of inventory, less returns

9b

10b

Business Code

603,678.

0.

-74,150.

Form 990 (2019) FORE BATTEN FOR Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respon | | | (C) | |
|----|--|-----------------------|---|---------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 259,704. | 259,704. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 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 | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 2,293. | | 2,293. | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 454. | | 454. | |
| 14 | Information technology | 2,052. | | 2,052. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 8,894. | | 8,894. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 45. | | 45. | |
| 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 0.) | 1 670 | | 1 670 | |
| a | MEALS & ENTERTAINMENT | 1,678. 152. | | 1,678. | |
| b | BANK FEE | 27. | | 27. | |
| C | SHIPPING & DELIVERY | | | | |
| d | TAX & LICENSE | 10. | | 10. | |
| е | | 275 200 | 250 704 | 15 (05 | ^ |
| 25 | Total functional expenses. Add lines 1 through 24e | 275,309. | 259,704. | 15,605. | 0 |
| 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 if following SOP 98-2 (ASC 958-720) | | | | Form 990 (201) |

Part X Balance Sheet

| ı u | IL A | Datance Sneet | | | |
|-----------------------------|------|--|-------------------|-----|-----------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 604,078. | 1 | 932,447 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 604,078. | 16 | 932,447 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| jab | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0 . |
| Ś | | Organizations that follow FASB ASC 958, check here | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | | 27 | |
| d B | 28 | Net assets with donor restrictions | | 28 | |
| Ë | | Organizations that do not follow FASB ASC 958, check here | | | |
| P. | _ | and complete lines 29 through 33. | ^ | | ^ |
| ts (| 29 | Capital stock or trust principal, or current funds | | 29 | 0 |
| SSE | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | 0.22 447 |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | 932,447 |
| ž | 32 | Total net assets or fund balances | | 32 | 932,447 |
| | 33 | Total liabilities and net assets/fund balances | 604,078. | 33 | 932,447. Form 990 (2019 |

| Pa | rt 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 | | 3,6 | |
| 2 | Protal expenses (must equal Part IX, column (A), line 25) | | | | 09. 69. |
| 3 | | | | | |
| 4 | | | | | 78. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 9: | 32,4 | 47. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | nedule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audi | it | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audi | t | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FORE BATTEN FOUNDATION 82-2661656 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

13

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.)

| Sec | ction A. Public Support | | | | | | |
|-----------|--|---------------------|----------------------|-------------------------|---------------------|-------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | 2,500. | 652,461. | 675,440. | 1,330,401. |
| 2 | Tax revenues levied for the organ- | | | | | | _ |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | 2,500. | 652,461. | 675,440. | 1,330,401. |
| | 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) | | | | | | 39,026. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1,291,375. |
| | tion B. Total Support | | | | | • | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | 2,500. | 652,461. | 675,440. | 1,330,401. |
| | Gross income from interest, | | | | | | _ |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | 219. | 2,388. | 2,607. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | _ |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,333,008. |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| _ | organization, check this box and stor | here | | | | | X |
| | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2019 (| | | | | 14 | % |
| 15 | Public support percentage from 2018 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2019. If the o | | | | | | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b | b 33 1/3% support test - 2018. 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 | 17a 10% -facts-and-circumstances test - 2019. 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 tes | _ | | | | | IU% or |
| | more, and if the organization meets the | | • | | • | | . □ |
| 40 | organization meets the "facts-and-circ | | | | | | |
| <u>18</u> | 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 | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

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.)

| Se | ction A. Public Support | clow, picase com | piete i dit ii.) | | | | |
|--------------|--|-------------------|----------------------|------------------------|--------------------|----------------------|-----------|
| | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | , , | ` , | , , | , , | 1 | `` |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | 1 | |
| J | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| 4 | ization's benefit and either paid to or expended on its behalf | | | | | | |
| _ | | | | | | + | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | + | |
| | Total. Add lines 1 through 5 | | - | - | | | |
| / 6 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | zation, |
| - | check this box and stop here | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2019 (I | | | | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | 14-1 | |
| 17 | Investment income percentage for 20 | | | | | 17 | % |
| 18 | Investment income percentage from 2 | | | | | 18 | % |
| 19a | a 33 1/3% support tests - 2019. If the | | | | | | 17 is not |
| ŀ | more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the | | | | | | ▶Ш and |
| | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | | | | \ |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
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| 10b | | |

| Pa | rt IV Supporting Organizations _(continued) | | | |
|----------|--|------------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | tion of Type I capper and organizations | | Yes | No |
| 4 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 163 | 140 |
| 1 | | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | - | | |
| | <i>y</i> | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| - | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| _ | | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| <u> </u> | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) |) - | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| b | | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | [↑] Type III Non-Functionally Integrated 509(a)(3) Supportin | ng Organ | izations | |
|------|--|---------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on l | Nov. 20, 1970 (explain in | Part VI). See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must co | omplete Se | ctions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly integrate | ed Type III supporting org | ganization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Pai | ιν lyp | be III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|------|---------------|--|-------------------------------|--|---|
| Sect | ion D - Dist | | Current Year | | |
| 1 | Amounts p | aid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts p | | | | |
| | organizatio | ns, in excess of income from activity | | | |
| 3 | Administra | tive expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amounts p | aid to acquire exempt-use assets | | | |
| 5 | Qualified se | et-aside amounts (prior IRS approval required) | | | |
| 6 | Other distri | butions (describe in Part VI). See instructions. | | | |
| 7 | Total annu | al distributions. Add lines 1 through 6. | | | |
| 8 | Distribution | s to attentive supported organizations to which the | ne organization is responsive | e | |
| | (provide de | tails in Part VI). See instructions. | | | |
| 9 | Distributab | le amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amo | unt divided by line 9 amount | | | |
| Sect | ion E - Disti | ribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributab | le amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistri | butions, if any, for years prior to 2019 (reason- | | · | |
| | able cause | required- explain in Part VI). See instructions. | | | |
| 3 | Excess dis | tributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | | |
| b | From 2015 | | | | |
| С | From 2016 | | | | |
| d | From 2017 | | | | |
| е | From 2018 | | | | |
| f | Total of line | es 3a through e | | | |
| g | Applied to | underdistributions of prior years | | | |
| h | Applied to | 2019 distributable amount | | | |
| i | Carryover f | rom 2014 not applied (see instructions) | | | |
| j | Remainder | . Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distribution | s for 2019 from Section D, | | | |
| | line 7: | \$ | | | |
| а | Applied to | underdistributions of prior years | | | |
| b | Applied to | 2019 distributable amount | | | |
| С | Remainder | . Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining | underdistributions for years prior to 2019, if | | | |
| | any. Subtra | act lines 3g and 4a from line 2. For result greater | | | |
| | than zero, | explain in Part VI. See instructions. | | | |
| 6 | Remaining | underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from | n line 1. For result greater than zero, explain in | | | |
| | Part VI. Se | e instructions. | | | |
| 7 | Excess dis | tributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | | |
| 8 | Breakdowr | of line 7: | | | |
| а | Excess from | m 2015 | | | |
| b | Excess from | m 2016 | | | |
| С | Excess from | m 2017 | | | |
| d | Excess from | n 2018 | | | |
| е | Excess from | n 2019 | | | |
| | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Part VI | Supplemental Information Devide the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 19: |
|----------|---|
| i dit 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, |
| | 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.) |
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Schedule B

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| | |

82-2661656 FORE BATTEN FOUNDATION Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

FORE BATTEN FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$10,251. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | - Trumo, addi coo, and En 11 | \$9,600. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$8,339. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$8,250. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

FORE BATTEN FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al spac | e is needed. | |
|------------|---|---------|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 7 | | \$_ | 7,800. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 8 | | \$_ | 7,600. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 9 | | \$_ | 7,500. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 10 | | \$_ | 12,000. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 11 | | \$_ | 6,838. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 12 | | \$_ | 6,600. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

FORE BATTEN FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$6,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | \$6,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | | \$ 11,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | \$5,400. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 | | \$5,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | | \$5,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

FORE BATTEN FOUNDATION

| 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 | | |
| 19 | | \$5,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 20 | | \$5,000. | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 21 | | \$ | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 22 | | \$5,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 23 | | \$5,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 24 | | \$5,000. | Person X Payroll | | |

FORE BATTEN FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | - Training additions and En 11 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 29 | | \$11,600. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | | \$9,600. | Person X Payroll |

FORE BATTEN FOUNDATION

| 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 | | |
| 31 | | \$\$ | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 32 | | \$5,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 33 | | \$ 25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 34 | | \$5,400. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 35 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 36 | | \$5,000. | Person X Payroll | | |

FORE BATTEN FOUNDATION 82-2661656 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 40 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for noncash contributions.)

FORE BATTEN FOUNDATION

| (a) No. from Part I (b) Co FMV (or estimate) (See instructions.) | (d) Date received |
|--|----------------------|
| KOHANATKT FOR 4 | |
| 1 ROMANATRI FOR 4 | |
| | 03/04/19 |
| (a) No. from Part I (b) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 SAND HILLS GOLF FOR 4 | |
| \$\$ | 03/04/19 |
| (a) No. from Part I (b) (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 3 SHADOW TOM DOAK FOR A DAY | |
| \$ | 03/04/19 |
| (a) No. from Part I (b) (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 4 CONGAREE GOLF CLUB FOR 4 | |
| \$ 9,600. | 03/04/19 |
| (a) No. from Part I (b) (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 5 36 GREAT HOLES ON LONG ISLAND | |
| \$ 8,339. | 03/04/19 |
| (a) No. from Part I (b) (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 6 LADY GAGA IN LAS VEGAS | |
| | 03/04/19 |

FORE BATTEN FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 7 | SAND VALLEY UNLIMITED GOLF | | |
| | | \$7,800 . | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 8 | THERMAL FORMULA ONE RACING | | |
| | | \$ | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 9 | SEBONACK GOLF CLUB FOR 4 | | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 10 | NAPA VALLEY WINE AND LODGING | | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 11 | INSTANT CALIFORNIA WINE CELLAR | _ | |
| | | <u> </u> | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 12 | MAYACAMA GOLF FOR 3 | | |
| | 6.40 | s6,600. | 03/04/19 |

FORE BATTEN FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 13 | MAIDSTONE CLUB GOLF FOR 3 | _ | |
| | | | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 14 | SHADOW CREEK/MGM/TOPGOLF | _ | |
| | | | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 15 | SOMERSET HILLS CC | _ | |
| | | <u> </u> | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 16 | CRYSTAL DOWNS (36 HOLES) FOR 3 | _ | |
| | | | 03/07/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 17 | FOREST CREEK FOR 4 | _ | |
| | | | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 18 | FRIAR'S HEAD GOLF FOR 3 | _ | |
| | | | _03/04/19_ |

FORE BATTEN FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|---|--|--------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 19 | LOST DUNES GOLF FOR 4 | _ | |
| | | | 02/04/10 |
| | | \$5,100 . | 03/04/19 |
| (a) No. | (b) | (c) | (d) |
| from Part I | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| | MONTEREY PENINSULA CLUB FOR 4 | | |
| 20 | | _ | |
| | | \$5,000 . | 03/04/19 |
| (a) No. | (1-) | (c) | (4) |
| from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| Parti | | _ | |
| | | _ | |
| | | | |
| (a) No. | <i>(</i> 1.) | (c) | (.0) |
| from | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| Part I | | _ | |
| | | _ | |
| | | | |
| (a) | 4) | (c) | |
| No. from | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| Part I | | | |
| | | _ | |
| | | \ \$ | |
| (a) | | (c) | |
| No. from | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| Part I | | (255 madastoria) | |
| | | _ _ | |
| 002452 11 0 | | \$ | 000 FZ av 000 PE\(0040\) |

Name of organization **Employer identification number** 82-2661656 FORE BATTEN FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization FORE BATTEN FOUNDATION 82-2661656 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

| Γot | otal | | | |
|-----|--|----------------------|------------------------|-------------|
| 3 | 3 List all states in which the organization is registered or licensed to solicit contributions or licensing. | or has been notified | d it is exempt from re | egistration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 FORE BATTEN FOUNDATION 82-2661656 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ${ t GOLF}$ NONE (add col. (a) through FUNDRAISER col. (c)) (event type) (total number) (event type) 1 Gross receipts 675,440 675,440. 408,068 408,068. 2 Less: Contributions 267,372 267,372. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 18,504. 18,504. 6 Rent/facility costs 0. 7 Food and beverages 53,516. 53,516. 8 Entertainment 269,502. 269,502. 9 Other direct expenses 341,522 10 Direct expense summary. Add lines 4 through 9 in column (d) -74,150. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2019

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

| Sch | nedule G (Form 990 or 990-EZ) 2019 FORE BATTEN FOUNDATION 82- | 2661656 | Page 3 |
|-----|--|-------------------|---------------|
| | Does the organization conduct gaming activities with nonmembers? | | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | └── No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| á | a The organization's facility | 13a | % |
| | An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ▶ | | |
| | Address | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| ŀ | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party > \$ | | |
| | If "Yes," enter name and address of the third party: | | |
| | on the file and address of the time party. | | |
| | Name ▶ | | |
| | Address > | | |
| 16 | Gaming manager information: | | |
| | Name ▶ | | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| 17 | Mandatory distributions: | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| • | | Yes | ☐ No |
| ŀ | retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | 103 | 110 |
| • | organization's own exempt activities during the tax year > \$ | | |
| Pa | Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F | Part III. lines 9 | .9b. 10b. |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | ur m, m 60 0, | , 00, 100, |
| | 100, 100, 10, and 110, an applicable. Also provide any additional minormation. | | |
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| Schedule G | G (Form 990 or 990-EZ) | FORE BATTEN | FOUNDATION | 82-2661656 Page 4 |
|------------|---|---------------------------------------|------------|-------------------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Info | rmation (continued) | | <u> </u> |
| | | · · · · · · · · · · · · · · · · · · · | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

| FORE BATT | EN FOUNDA | TION | | | | | 87-7001020 |
|--|----------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|--|
| Part I General Information on Grants a | and Assistance | | | | | • | |
| Does the organization maintain records | to substantiate the | amount of the grants | or assistance, the | grantees' eligibilit | y for the grants or ass | sistance, and the selec | tion |
| criteria used to award the grants or assi | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pr | ocedures for monit | oring the use of grant | funds in the United | d States. | | | |
| Part II Grants and Other Assistance to | Domestic Organia | zations and Domesti | c Governments. C | omplete if the org | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than | \$5,000. Part II can | be duplicated if addit | ional space is need | ded. | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | TO FUND RESEARCH FOR A |
| OUR PROMISE TO NICK FOUNDATION | | | | | | | CURE FOR AND TO PROMOTE |
| PO BOX 10106 | | | | | | | AWARENESS OF BATTEN |
| BEDFORD, NH 03110 | 26-4605606 | | 5,500. | 0. | | | DISEASE. |
| | | | | | | | TO FUND RESEARCH OF |
| ROSALIND FRANKLIN UNIVERSITY OF | | | | | | | ADVANCING KNOWLEDGE AND |
| MEDICINE & SCIENCE - 3333 GREEN | | | | | | | CREATING KNOWLEDGE THAT |
| BAY ROAD - CHICAGO, IL 60064 | 36-2181973 | | 154,008. | 0. | | | CAN BE TRANSLATED INTO |
| GLOBAL GENES 28 ARGONAUT SUITE 150 ALISO VIEJO, CA 92656 | 26-3331487 | | 125. | 0. | | | CONNECT, EMPOWER, AND INSPIRE THE RARE DISEASE COMMUNITY |
| | | | | | | | TO SUPPORT AND PROMOTE |
| SANFORD RESEARCH | | | | | | | THE PURSUIT OF THE |
| 2301 E 60TH ST N | | | | | | | HIGHEST CALIBER, |
| SIOUX FALLS, SD 57104 | 46-0450378 | | 62,571. | 0. | | | PUBLISHABLE RESEARCH (1) |
| | | | | | | | TO FUND RESEARCH FOR A |
| BDSRA | | | | | | | CURE FOR AND TO PROMOTE |
| 2780 AIRPORT DRIVE, SUITE 342 | | | | | | | AWARENESS OF BATTEN |
| COLUMBUS, OH 43219 | 91-1397792 | | 36,000. | 0. | | | DISEASE. |
| | | | | | | | TO FUND PROGRAMS SUCH AS |
| GRAYHAWK PTO | | | | | | | STEM, BUILDING AND |
| 7525 E. GRAYHAWK DR. | | | | | | | PLAYGROUND IMPROVEMENTS, |
| SCOTTSDALE, AZ 85255 | 86-0914038 | | 1,500. | 0. | | | CORE KNOWLEDGE |
| 2 Enter total number of section 501(c)(3) a | and government or | ganizations listed in th | e line 1 table | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
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| Part IV Supplemental Information. Provide the information red | uired in Part I, lin | e 2; Part III, columr | n (b); and any other a | dditional information. | |
| PART II, LINE 1, COLUMN (H): | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT | ?: | | | | |
| ROSALIND FRANKLIN UNIVERSITY OF ME | DICINE & | SCIENCE | | | |
| (H) PURPOSE OF GRANT OR ASSISTANCE | : TO FUN | D RESEARCH | OF ADVANC | ING | |
| KNOWLEDGE AND CREATING KNOWLEDGE T | HAT CAN | BE TRANSLA | ATED INTO I | MPROVING | |
| THE HEALTH OF THE POPULATION | | | | | |
| | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT | : SANFOR | D RESEARCE | I | | |
| (H) DIIDDOSE OF CRANT OR ASSISTANCE | r. mo cun | | | DIDGUT | |

| Part IV Supplemental Information |
|--|
| OF THE HIGHEST CALIBER, PUBLISHABLE RESEARCH (1) RELATING TO THE |
| DEVELOPMENT/DELIVERY OF QUALITY MEDICAL AND HEALTH CARE SERVICES, (2) |
| ADVANCING MEDICAL OR SCIENTIFIC KNOWLEDGE AND SKILLS, AND/OR (3) |
| BENEFITING THE EDUCATION OF HEALTH SCIENCE STUDENTS, RESIDENTS, HEALTH |
| PROFESSIONALS AND THE GENERAL PUBLIC |
| |
| NAME OF ORGANIZATION OR GOVERNMENT: GRAYHAWK PTO |
| (H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND PROGRAMS SUCH AS STEM, |
| BUILDING AND PLAYGROUND IMPROVEMENTS, CORE KNOWLEDGE ACTIVITIES, FIELD |
| TRIPS, CLASSROOM SUPPLIES, TECHNOLOGY, ART MASTERPIECE, TEACHER TRAINING |
| AND ASSEMBLIES, ETC. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 for instructions and the latest information.

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

| Pai | rt 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 | noncash co | (d) I of determining entribution amounts | i |
| 1 | Art - Works of art | X | 2 | | AUCTION | PRICE | |
| 2 | Art - Historical treasures | | | , | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | X | | 675. | AUCTION | PRICE | |
| 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 | X | 5 | 3,306. | AUCTION | PRICE | |
| 19 | Food inventory | X | 11 | 20,143. | AUCTION | PRICE | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | 110 | 000 000 | 1110011011 | | |
| 25 | Other (ACTIVITIES) | X | 112 | 2/5,3/5. | AUCTION | PRICE | |
| 26 | Other (HOTELS/LODGIN) | X | 19 | 29,321. | AUCTION | PRICE | |
| 27 | Other () | | | | | | |
| 28 | Other () | | <u> </u> | | | | |
| 29 | Number of Forms 8283 received by the organiz | | - | | | | |
| | for which the organization completed Form 828 | 33, Part IV, | Donee Acknowled | gement 29 | | Vac | Na |
| 200 | During the year, did the organization receive by | , oontributie | on any proporty ro | ported in Part I lines 1 throu | ah 20 that it | Yes | No |
| SUA | must hold for at least three years from the date | | | | | | |
| | exempt purposes for the entire holding period? | | | | | 30a | Х |
| h | If "Yes," describe the arrangement in Part II. | | | | | 30a | |
| 31 | Does the organization have a gift acceptance p | olicy that r | equires the review | of any nonstandard contribu | ıtions? | 31 | Х |
| | Does the organization have a gift acceptance p | | | | | ······ 5, | |
| <u>J</u> | contributions? | | - | · · | | 32a | Х |
| b | If "Yes," describe in Part II. | | • | | | <u>524</u> | |
| 33 | If the organization didn't report an amount in co | olumn (c) fo | r a type of propert | v for which column (a) is che | cked. | | |
| | describe in Part II. | (5) 10 | , p. 3. p. sport | , selanin (a) 10 one | | | |
| | | | | | | | |

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

19028_01

932142 09-27-19

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| EDUCATE THE PUBLIC ABOUT AND TO OBTAIN FUNDING FOR RESEARCH TO CURE |
| RARE DISEASES, INCLUDING SPECIFICALLY JUVENILE BATTEN DISEASE. |
| |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| BATTEN DISEASE. |
| |
| FORM 990, PART VI, SECTION A, LINE 2: |
| DAVID KAHN, DIRECTOR |
| KAREN KAHN, PRESIDENT |
| FAMILY |
| |
| MARLENA KAHN, SECRETARY |
| DAVID KAHN, DIRECTOR |
| JENNIFER MCGINN, DIRECTOR |
| FAMILY |
| |
| CHAD MCGINN, CFO |
| JENNIFER MCGINN, DIRECTOR |
| FAMILY |
| |
| KATHRYN NIEDERER, DIRECTOR |
| KAREN KAHN, PRESIDENT |
| FAMILY |
| |

FORM 990, PART VI, SECTION A, LINE 6:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization FORE BATTEN FOUNDATION

Employer identification number 82-2661656

THE ORGANIZATION HAS ONE CLASS OF MEMBERS WHO HAVE THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF THE ORGANIZATION. THE MEMBERS HAVE NO RIGHT TO RECEIVE ANY SHARE OF THE ORGANIZATION'S PROFITS OR NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS WHO HAVE THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF THE ORGANIZAION.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAD NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S RETURN PREPARER (AN OUTSIDE ACCOUNTING FIRM) EMAILS FORM
990 TO THE ORGANIZATION'S PRESIDENT/CHIEF OPERATING OFFICER, WHO REVIEWS

AND EMAILS THE FORM 990 TO EACH DIRECTOR AND OFFICER OF THE ORGANIZATION
FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ARRANGEMENTS EXIST AS OF THE FILING OF THIS FORM 990.

THE ORGANIZATION PERIODICALLY REVIEWS (A) WHETHER COMPENSATION ARRANGEMENTS
AND BENEFITS (IF ANY) ARE REASONABLE, BASED ON COMPETENT SURVEY
INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING; AND (B) WHETHER
PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT
ORGANIZATIONS (IF ANY) CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE
PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND
SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT,
IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. NO SUCH

Name of the organization **Employer identification number** FORE BATTEN FOUNDATION 82-2661656 ADDITIONALLY, EACH DIRECTOR AND OFFICER OF THE ORGANIZATION IS REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH AFFIRM THAT SUCH PERSON (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT PROVIDE ANY COMPENSATION. HOWEVER, TO THE EXTENT ANY SUCH COMPENSATION IS PAID IN THE FUTURE, THE ORGANIZATION WILL PERIODICALLY REVIEW WHETHER SUCH COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

| filing of th | ils form, visit <i>www.irs.gov/e-file-providers/e-file-for-chari</i> | ties-and-r | non-profits. | | | |
|--|---|-------------|---------------------------------------|-------------|-----------------------|-----------|
| Automa | atic 6-Month Extension of Time. Only subm | nit origin | al (no copies needed). | | | |
| All corpor | rations required to file an income tax return other than Fo | orm 990-T | (including 1120-C filers), partnershi | ps, REMIC | s, and trusts | |
| must use | Form 7004 to request an extension of time to file incom | e tax retu | rns. | | | |
| Type or | Name of exempt organization or other filer, see instru | ctions. | | Taxpayer | identification numb | er (TIN) |
| print | , | | | , , | | . , |
| File by the | FORE BATTEN FOUNDATION | | | | 82-266165 | 6 |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, s 7433 E. JOURNEY LN | ee instruc | tions. | | | |
| instructions. | City, town or post office, state, and ZIP code. For a for SCOTTSDALE, AZ 85255 | | | | | |
| Enter the | Return Code for the return that this application is for (file | e a separa | ate application for each return) | | | 0 1 |
| Applicati | on | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 | | 02 | Form 1041-A | | | 08 |
| | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 | -PF -T (sec. 401(a) or 408(a) trust) | 04 05 | Form 5227 Form 6069 | | | 10 11 |
| | -T (trust other than above) | 06 | Form 8870 | | | 12 |
| 1 01111 000 | KAREN KAHN | 1 00 | 1 GIII GO7 G | | | 12 |
| • The bo | ooks are in the care of > 7433 E. JOURNEY | Y LN | - SCOTTSDALE, AZ 8 | 5255 | | |
| | none No. ► 440-708-6008 | | Fax No. | | | |
| | organization does not have an office or place of business | s in the Ur | | | | |
| | s for a Group Return, enter the organization's four digit | | | | | heck this |
| box ▶ [| . If it is for part of the group, check this box | and atta | ach a list with the names and TINs o | f all memb | ers the extension is | for. |
| the | quest an automatic 6-month extension of time until organization named above. The extension is for the organization rearrange $\frac{2019}{1}$ or tax year beginning | anization's | | e the exem | npt organization retu | rn for |
| 2 If th | ne tax year entered in line 1 is for less than 12 months, c Change in accounting period | heck reas | on: Initial return | Final retur | n | |
| 3a If th | nis application is for Forms 990-BL, 990-PF, 990-T, 4720, | , or 6069, | enter the tentative tax, less | | | |
| any | any nonrefundable credits. See instructions. | | | | \$ | 0. |
| b If th | nis application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter an | y refundable credits and | | | |
| esti | mated tax payments made. Include any prior year overp | payment a | llowed as a credit. | 3b | \$ | 0. |
| | ance due. Subtract line 3b from line 3a. Include your pa | , | , , , | | | 0 |
| | ng EFTPS (Electronic Federal Tax Payment System). See | | | 3c | \$ | 0. |
| Caution: | If you are going to make an electronic funds withdrawal | (direct de | ebit) with this Form 8868, see Form 8 | 3453-EO ar | nd Form 8879-EO fo | r payment |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

instructions.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service 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

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

Open to Public Inspection

| _ | 1 01 111 | e 2019 Calendar year, or tax year beginning | enung | _ | | | |
|-------------------------|---------------------|---|---------------|--------------------------|---------------------------------|--|--|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number | | |
| | Addre | | | | | | |
| | Name chang | e Doing business as | | 82-26616 | 56 | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r | | |
| | Final return | 7/22 E TOUDNEY IN | | 440-708- | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 945,200. | | |
| | Amen | | | H(a) Is this a group re | | | |
| F | Applic | | | for subordinates | | | |
| | pendi | | 255 | 1 | ncluded? Yes No | | |
| $\overline{}$ | Tay.ev | empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ | | 1 | list. (see instructions) | | |
| | | te: > HTTP://WWW.FOREBATTEN.ORG | 01 027 | H(c) Group exemptio | | | |
| | | organization: X Corporation | I Vear | | A State of legal domicile; AZ | | |
| | art I | Summary | L I Cai | or formation. 2017 | 7 State of legal dofficile, 222 | | |
| | | Briefly describe the organization's mission or most significant activities: THIS | ORGAN | ITZATTON TS | ORGANIZED | | |
| <u>8</u> | ' | EXCLUSIVELY FOR EDUCATIONAL AND CHARITAB | LE PIIE | POSES INCL | IIDING TO | | |
| nar | | Check this box if the organization discontinued its operations or dispo | | | | | |
| Ver | 1 | | | 1 _ | 4 | | |
| Activities & Governance | | | | | 4 | | |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 | | |
| | | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 15 | | |
| Ξ̈́ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 0. | | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| | d | Net unrelated business taxable income from Form 990-T, line 39 | ····· | | | | |
| | | 0 17 17 17 17 17 17 17 17 17 17 | | Prior Year 652,461. | Current Year 675,440. | | |
| ne | | Contributions and grants (Part VIII, line 1h) | | 052,401. | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 219. | 0. | | |
| | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 219. | 2,388. | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | -74,150. | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 652,680. | 603,678. | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 210,000. | 259,704. | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| Ř | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | 22 242 | 45.605 | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 29,849. | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 239,849. | 275,309. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 412,831. | 328,369. | | |
| Net Assets or | <u> </u> | | Ве | eginning of Current Year | End of Year | | |
| Set | 20 | Total assets (Part X, line 16) | | 604,078. | 932,447. | | |
| A | 21 | Total liabilities (Part X, line 26) | | 0. | 0. | | |
| <u> </u> | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 604,078. | 932,447. | | |
| | art II | Signature Block | | | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedule | | | y knowledge and belief, it is | | |
| true | e, correc | ct, and complete. Declaration of preparer (other than officer) is based on all information of w | hich prepareı | r has any knowledge. | | | |
| | | | | | | | |
| Sig | jn 💮 | Signature of officer | | Date | | | |
| He | re | KAREN KAHN, PRESIDENT/CEO | | | | | |
| | | Type or print name and title | | N-1- | DTI* | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | |
| Pai | d | EUGENE KIM EUGENE KIM | 1 | L1/02/20 if self-employ | _{ed} P00738418 | | |
| | parer | Firm's name ► RAIMONDO PETTIT GROUP | | Firm's EIN | 33-0532641 | | |
| Use | Only | Firm's address 21515 HAWTHORNE BL. #1250 | | | | | |
| _ | | TORRANCE, CA 90503-6583 | | Phone no. (3 | 10)540-5990 | | |
| Ма | y the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | |

| Pa | rt III Statement of Program Service Accomplishments | X |
|-----------|---|--|
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> |
| 1 | Briefly describe the organization's mission: TO FUND PIONEERING RESEARCH AND COMPASSIONATELY SUPPORT THE BA | ייידאו |
| | | WITH |
| | BATTEN DISEASE THE BEST POSSIBLE LIFE, TO SPREAD AWARENESS OF | |
| | URGENCY TO FUND NEW TREATMENTS, AND TO HELP ALL FAMILIES AFFEC | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| 2 | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| 3 | 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 | v ovnonoos |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of | |
| | revenue, if any, for each program service reported. | expenses, and |
| 4a | (Code:) (Expenses \$ 259,704 • including grants of \$ 259,704 •) (Revenue \$ | |
| ₹a | THIS ORGANIZATION MADE GRANTS TO SEVERAL TAX-EXEMPT 501(C)(3) | , |
| | ORGANIZATIONS THAT ADVANCE THE OBJECTIVES OF THIS ORGANIZATION | J TO |
| | PROMOTE AWARENESS OF BATTEN DISEASE AS WELL AS TO PROMOTE OPPO | |
| | FOR SCIENTISTS TO COME TOGETHER TO CREATE AND FUND INNOVATIVE | |
| | PROPOSALS TO WORK TOWARD A CURE FOR BATTEN DISEASE. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ |) |
| | N/A | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | N/A | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| <u>4e</u> | Total program service expenses ► 259,704. | |
| | | Form 990 (2019) |

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 | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | <u> </u> |
| 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 | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | _ | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | x |
| L | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | х |
| 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 | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | l |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | 7.7 | |
| 46 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 4. | | Х |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | <u> </u> |
| b 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | <u> </u> |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | J The state of the | | | |

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 | | | 1 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 22 | | x |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 214 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | _ |
| 2 5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | ٠,, |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | 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? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? | | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| - | contributions? If "Yes," complete Schedule M | 30 | Х | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | X |
| 34 | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | _ | | 7.7 |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 31 | | |
| | | 38 | Х | |
| Pai | Note: All Form 990 filers are required to complete Schedule O To 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 |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a U | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | - | | |
| U | (gambling) winnings to prize winners? | 1c | | |
| | · · · · · · · · · · · · · · · · · · | | | |

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

| | | | Ye | s No | | | | |
|----|---|-------------------|--------------|----------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 0 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | |
| За | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | . 3b | | | | | | |
| 4a | a 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)? | . 4a | \perp | <u> </u> | | | | |
| 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). | | | ١ | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | _ | _ | X | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | +- | X | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | . <u>5</u> c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | ₩ | | | | |
| | any contributions that were not tax deductible as charitable contributions? | . <u>6a</u> | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| _ | were not tax deductible? | . 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | x | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 10 | + | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | . 7c | | X | | | | |
| d | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | · /'C | | 122 | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | |
| f | | | | | | | | |
| g | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C | | \neg | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | . 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | 4 | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 128 | 3 | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | _ | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 138 | 3 | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| D | 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 Enter the amount of reserves on hand 13b 13c | | | | | | | |
| | | 148 | | X | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | ` | _ | + | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | · " | + | | | | | |
| .5 | excess parachute payment(s) during the year? | 15 | | x | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| | | | ~~ | O | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|---------|---------|------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year la | | | |
| | 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 | Enter the number of voting members included on line 1a, above, who are independent 1b 4 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | |
| 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 |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X 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, ar | d finar | ncial | |
| | 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 | | | |
| | KAREN KAHN - 440-708-6008 | | | |
| | 7433 E. JOURNEY LN, SCOTTSDALE, AZ 85255 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

| Name and title Average hours per week (list any hours for related organizations below line) (1) DAVID KAHN DIRECTOR (2) KAREN KAHN PRESIDENT/CEO (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN PRESCRETARY (6) CHAD MCGINN CFO/TREASURER Reportable compensation from the organization from related organization (W-2/1099-MISC) Reportable compensation from the organization from related organization (W-2/1099-MISC) Reportable compensation from the organi | on d | Estimated amount of |
|--|---------|-----------------------|
| hours per week (list any hours for related organizations below line) (1) DAVID KAHN DIRECTOR (2) KAREN KAHN PRESIDENT/CEO (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN PLANIFER MCGINN DIRECTOR (6) CHAD MCGINN DOWN Unless person is both an officer and a director/trustee) (most an infinite and a director/trustee) (most and a dire | d | |
| Comparison Com | | |
| (1) DAVID KAHN DIRECTOR (2) KAREN KAHN 7.50 PRESIDENT/CEO X X X 0. (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN 1.00 SECRETARY (6) CHAD MCGINN 1.00 | | other |
| (1) DAVID KAHN DIRECTOR (2) KAREN KAHN 7.50 PRESIDENT/CEO (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN 1.00 SECRETARY (6) CHAD MCGINN 1.00 0. 0. 0. 0. 0. 0. 0. 0. | | compensation from the |
| (1) DAVID KAHN DIRECTOR (2) KAREN KAHN 7.50 PRESIDENT/CEO (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN 1.00 SECRETARY (6) CHAD MCGINN 1.00 0. 0. 0. 0. 0. 0. 0. 0. | 00, | organization |
| (1) DAVID KAHN DIRECTOR (2) KAREN KAHN 7.50 PRESIDENT/CEO (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN 1.00 SECRETARY (6) CHAD MCGINN 1.00 0. 0. 0. 0. 0. 0. 0. 0. | | and related |
| (1) DAVID KAHN DIRECTOR (2) KAREN KAHN 7.50 PRESIDENT/CEO X X X 0. (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN 1.00 SECRETARY (6) CHAD MCGINN 1.00 | | organizations |
| DIRECTOR | | |
| (2) KAREN KAHN PRESIDENT/CEO X X X (3) KATHRYN NIEDERER DIRECTOR X 0. (4) JENNIFER MCGINN DIRECTOR X 0. (5) MARLENA KAHN 1.00 SECRETARY X 0. | _ | |
| PRESIDENT/CEO X X X 0. (3) KATHRYN NIEDERER 2.00 0. DIRECTOR X 0. (4) JENNIFER MCGINN 2.00 0. DIRECTOR X 0. (5) MARLENA KAHN 1.00 X 0. SECRETARY X 0. (6) CHAD MCGINN 1.00 1.00 0. | 0. | 0 |
| (3) KATHRYN NIEDERER DIRECTOR (4) JENNIFER MCGINN DIRECTOR (5) MARLENA KAHN SECRETARY (6) CHAD MCGINN 2.00 X 0. 0. | ^ | |
| DIRECTOR | 0. | 0 |
| (4) JENNIFER MCGINN 2.00 DIRECTOR X (5) MARLENA KAHN 1.00 SECRETARY X (6) CHAD MCGINN 1.00 | ^ | |
| DIRECTOR X 0. | 0. | 0 |
| (5) MARLENA KAHN | ^ | |
| SECRETARY X 0. (6) CHAD MCGINN 1.00 | 0. | 0 |
| (6) CHAD MCGINN 1.00 | ^ | |
| | 0. | 0 |
| CFO/TREASURER | 0. | |
| | 0. | 0 |
| | | |
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| (A) | (B) | | | (0 | • | | | (D) | (E) | | | (F) | |
|---|------------------------|-----------------------|-----------------------|------------------|--------------|------------------------------|---------|-------------------------|---------------------------|--------|---------|------------------|-----|
| Name and title | Average | | not c | | more | than | | Reportable | Reportable | | | timate | |
| | hours per week | | | | | is bot or/trus | | compensation | compensation from related | | | nount o other | of |
| | (list any | rot | | | | | | from the | organization | | | ou lei pensat | ion |
| | hours for | director | | | | DE SE | | organization | (W-2/1099-MIS | | | om the | |
| | related | stee or | ustee | | | ensat | | (W-2/1099-MISC) | - | • | org | anizati | on |
| | organizations below | al trus | onal tr | | loyee | comp | | | | | | d relate | |
| | line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | ınizatio | ons |
| | | | _ | 0 | × | - 0 | | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| b Subtotal | | | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Pa | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | | 000 - 6 | 0. | | | 0. |
| Total number of individuals (including be compensation from the organization | | iose | liste | ed ar | DOVE | e) wr | 10 re | eceived more than \$100 | ,000 of reportab | .e | | | C |
| Distallar annualization list and formation of | | | | 1 | | | . 1- 1 | | davia a las | ļ | | Yes | No |
| Did the organization list any former offi | | - | • | • | • | • | _ | | • | | | | Х |
| line 1a? If "Yes," complete Schedule J in For any individual listed on line 1a, is the | | | | | | | | her compensation from | | | 3 | | |
| and related organizations greater than | • | | | | | | | • | • | | 4 | | Х |
| Did any person listed on line 1a receive | | | | | | | | | | | | | |
| rendered to the organization? If "Yes," | complete Schedul | e J f | or st | uch _I | pers | son . | | | | | 5 | | Х |
| ction B. Independent Contractors Complete this table for your five highes | et componented in | done | ndo | nt c | onti | racto | orc t | that received more than | \$100,000 of cor | none | ation f | rom | |
| the organization. Report compensation | · · | - | | | | | | | | iperis | ationi | 10111 | |
| (A) | | | | | | | | (B) | | | (C | | |
| Name and busin | ness address | NC | INC | 3 | | | | Description of s | ervices | C | omper | nsation | 1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent contractors \$100,000 of compensation from the organization f | | ot li | mite | d to | | se lis | sted | d above) who received m | ore than | | | | |
| \$ 100,000 of compensation from the of | garnzation | | | | | | | | l | | Form 9 | 990 (2 | 010 |

| Pa | rt V | II Statement of Revenue | | | |
|--|------|---|--------------------------|--|----------------------------------|
| | | Check if Schedule O contains a response or note to an | / line in this Part VIII | | |
| | | | (A) Total revenue Rel | (B) (C) Plated or exempt Unrelated business revenue | (D) Revenue excluded |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | A Federated campaigns D Membership dues D Fundraising events D Related organizations D Government grants (contributions) All other contributions, gifts, grants, and | 3. | | |
| contribut Ind Othe | 9 | similar amounts not included above If 267,373 and some similar amounts not included in lines 1a-1f Ig \$ 267,373 | 2. 2. 675,440. | | |
| <u> </u> | | Total. Add lines 1a-1f Business Co | | | |
| | • | | ie | | |
| Program Service Revenue | 2 6 | | | | |
| ne ne | | · | | | |
| m S | • | | | | |
| Jra Re | • | i | | | |
| <u>o</u> _ | | · | | | |
| - | | All other program service revenue | | | |
| | | Total. Add lines 2a-2f | <u> </u> | | |
| | 3 | Investment income (including dividends, interest, and | | | |
| | | other similar amounts) | 2,388. | | 2,388. |
| | 4 | Income from investment of tax-exempt bond proceeds | > | | |
| | 5 | Royalties | > | | |
| | | (i) Real (ii) Persona | I | | |
| | 6 8 | a Gross rents 6a | | | |
| | - | Less: rental expenses 6b | | | |
| | | Rental income or (loss) 6c | | | |
| | | Net rental income or (loss) | • | | |
| | | Gross amount from sales of (i) Securities (ii) Other | | | |
| | • | assets other than inventory 7a | | | |
| | | Less; cost or other basis | _ | | |
| <u>o</u> | | | | | |
| Revenue | | | | | |
| ě | | , | | | |
| | | Net gain or (loss) | • | | |
| Other | | a Gross income from fundraising events (not including \$ 408,068 • of contributions reported on line 1c). See Part IV, line 18 8a 267,373 b Less: direct expenses | | | |
| | | | | | 74 150 |
| | | Net income or (loss) from fundraising events | -74,150. | | -74,150. |
| | 9 8 | a Gross income from gaming activities. See | | | |
| | | Part IV, line 19 9a | | | |
| | | Less: direct expenses9b | | | |
| | | Net income or (loss) from gaming activities | > | | |
| | 10 (| a Gross sales of inventory, less returns | | | |
| | | and allowances10a | | | |
| | ı | Less: cost of goods sold10b | | | |
| | (| Net income or (loss) from sales of inventory | • | | |
| S | | Business Co | de | | |
| og e | 11 : | 1 | | | |
| ane inu | | | | | |
| e e | | | | | |
| Miscellaneous Revenue | | d All other revenue | | | |
| 2 | | • Total. Add lines 11a-11d | | | |
| | 12 | Total revenue. See instructions | 603,678. | 0. 0. | -71,762. |
| | | | | | , -= - |

932009 01-20-20

Form 990 (2019) FORE BATTEN FOR Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(| c)(4) organizations must com | nolete all columns. All other | organizations must com | plete column (A) |
|----------------------------|------------------------------|-------------------------------|------------------------|------------------|
| | | | | |

| D: | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|----------|---|----------------|-----------------------------|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 250 704 | 250 704 | | |
| | and domestic governments. See Part IV, line 21 | 259,704. | 259,704. | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | | | | |
| 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 | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | + | |
| 8 | · I | | | | |
| 9 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 10 | Other employee benefits | | | | |
| 10 11 | Payroll taxes | | | | |
| '' a | | | | | |
| a b | Management | 2,293. | | 2,293. | |
| | Legal | 2,2331 | | 2,2331 | |
| | Accounting Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 454. | | 454. | |
| 14 | Information technology | 2,052. | | 2,052. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 8,894. | | 8,894. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 45. | | 45. | |
| 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 0.) | | | | |
| а | MEALS & ENTERTAINMENT | 1,678. | | 1,678. | |
| b | BANK FEE | 152. | | 152. | |
| С | SHIPPING & DELIVERY | 27. | | 27. | |
| d | TAX & LICENSE | 10. | | 10. | |
| е | All other expenses | | 0 = 0 = 0 : | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 275,309. | 259,704. | 15,605. | C |
| 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 if following SOP 98-2 (ASC 958-720) | | | | Form 990 (20 |

Form 990 (2019) Part X Balance Sheet

| Pa | πx | Balance Sheet | |
|-----------------------------|-----|---|---------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this F | |
| | | | (A) (B) Beginning of year End of year |
| | 1 | Cash - non-interest-bearing | 604,078. 1 932,44 |
| | 2 | Savings and temporary cash investments | |
| | 3 | Pledges and grants receivable, net | 3 |
| | 4 | Accounts receivable, net | |
| | 5 | Loans and other receivables from any current or former officer, direc | |
| | | trustee, key employee, creator or founder, substantial contributor, or | r 35% |
| | | controlled entity or family member of any of these persons | 5 |
| | 6 | Loans and other receivables from other disqualified persons (as define | ined |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3 | (3)(B) 6 |
| 3 | 7 | Notes and loans receivable, net | 7 |
| | 8 | Inventories for sale or use | 8 |
| Ć | 9 | Prepaid expenses and deferred charges | |
| | 10a | Land, buildings, and equipment: cost or other | |
| | | basis. Complete Part VI of Schedule D 10a | |
| | b | Less: accumulated depreciation 10b | 10c |
| | 11 | Investments - publicly traded securities | 11 |
| | 12 | Investments - other securities. See Part IV, line 11 | |
| | 13 | Investments - program-related. See Part IV, line 11 | 13 |
| | 14 | Intangible assets | 14 |
| | 15 | Other assets. See Part IV, line 11 | 15 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 604,078. 16 932,44 |
| | 17 | Accounts payable and accrued expenses | |
| | 18 | Grants payable | 18 |
| | 19 | Deferred revenue | 19 |
| | 20 | Tax-exempt bond liabilities | 20 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | D 21 |
| | 22 | Loans and other payables to any current or former officer, director, | |
| | | trustee, key employee, creator or founder, substantial contributor, or | r 35% |
| | | controlled entity or family member of any of these persons | 22 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 23 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 24 |
| | 25 | Other liabilities (including federal income tax, payables to related thir | rd |
| | | parties, and other liabilities not included on lines 17-24). Complete Pa | Part X |
| | | of Schedule D | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. 26 |
| , | | Organizations that follow FASB ASC 958, check here | |
| | | and complete lines 27, 28, 32, and 33. | |
| 5 | 27 | Net assets without donor restrictions | |
| į | 28 | Net assets with donor restrictions | |
| | | Organizations that do not follow FASB ASC 958, check here | <u>X</u> |
| | | and complete lines 29 through 33. | |
| ? | 29 | Capital stock or trust principal, or current funds | |
| 2 | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 604 000 44 |
| ָ <u>֚</u> | 31 | Retained earnings, endowment, accumulated income, or other funds | 404 000 |
| Net Assets of Fund balances | 32 | Total net assets or fund balances | |
| | 33 | Total liabilities and net assets/fund balances | 604,078. 33 932,44 |

| Pa | rt 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 | | 3,6 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 75,3 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 28,3 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 60 | 04,0 | 78. | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 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 | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 9: | 32,4 | 47. | |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | c 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 Sch | nedule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audi | it | | x | |
| | Act and OMB Circular A-133? | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audi | t | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FORE BATTEN FOUNDATION 82-2661656 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | | |
|------|---|--------------------|-----------------|-----------------------|----------|---------------------|---------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | 2,500. | 652,461. | 675,440. | 1,330,401. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization'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 | | | 2 5 2 2 | 650 464 | | | |
| 4 | Total. Add lines 1 through 3 | | | 2,500. | 652,461. | 675,440. | 1,330,401. | |
| 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, | | | | | | 22 225 | |
| | column (f) | | | | | | 39,026. | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1,291,375. | |
| | etion B. Total Support | | | 1 | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| | Amounts from line 4 | | | 2,500. | 652,461. | 675,440. | 1,330,401. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | 219. | 2 200 | 2 607 | |
| _ | and income from similar sources | | | | 419. | 2,388. | 2,607. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| 40 | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 1,333,008. | |
| 11 | Total support. Add lines 7 through 10 | ata (asa inaturati | | | | 40 | 1,333,008. | |
| 12 | Gross receipts from related activities, | | | rd fourth or fifth to | | 12 n 501(a)(2) | | |
| 13 | First five years. If the Form 990 is for organization, check this box and stor | | | | - | | ▶ X | |
| Sec | ction C. Computation of Publ | | | | | | | |
| | Public support percentage for 2019 (| | | column (fl) | | 14 | % | |
| 15 | Public support percentage from 2018 | | | | | 15 | | |
| | | | | | | | | |
| | 16a 33 1/3% support test - 2019. 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 | | | | | | | s box | |
| | b 33 1/3% support test - 2018. 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 | 17a 10% -facts-and-circumstances test - 2019. 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" | | | | • | - | | |
| b | 10% -facts-and-circumstances tes | | | | | | | |
| | more, and if the organization meets the | · · | • | | | • | | |
| | organization meets the "facts-and-circ | | • | | | | > □ | |
| 18 | Private foundation. If the organization | | | | | | <u> </u> | |

Schedule A (Form 990 or 990-EZ) 2019

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.)

| Se | ction A. Public Support | , 1 | , | | | | |
|------|---|---------------------|---------------------|----------------------|----------------------|---------------------|----------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | • | • | |
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | , , | , , | , , | , , | () |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First five years. If the Form 990 is for | r the organization' | s first second this | rd fourth or fifth t | ax vear as a section | n 501(c)(3) organi: | zation |
| • | | - | | | - | | |
| Se | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2019 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | / 6 |
| | ction D. Computation of Inves | | | | | | 70 |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | |
| | a 33 1/3% support tests - 2019. If the | | | | | $\overline{}$ | |
| .50 | more than 33 1/3%, check this box a | | | | | | |
| | o 33 1/3% support tests - 2018. If the | | | | | | |
| • | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
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| Pa | rt IV Supporting Organizations _(continued) | | | |
|--------|---|-----------|--------------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | L |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 2 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | ш | <u> </u> |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions | | | |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | ,- | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | truction: | s) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? Provide details in Part VI. | 3a | $oxed{oxed}$ | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orgai | nizations | |
|---------------------------------|--|-------------|----------------------------|--------------------------------|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruc | | | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | ections A through E. | |
| Section A - Adjusted Net Income | | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrat | ed Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Par | ιv | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|--|---|-------------------------------|--|---|
| Secti | tion 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 | Admir | nistrative expenses paid to accomplish exempt purpose | es of supported organization | ns | |
| 4 | Amou | nts paid to acquire exempt-use assets | | | |
| 5 | Qualif | ied set-aside amounts (prior IRS approval required) | | | |
| 6 | Other | distributions (describe in Part VI). See instructions. | | | |
| 7 | Total | annual distributions. Add lines 1 through 6. | | | |
| 8 | Distrib | outions to attentive supported organizations to which the | ne organization is responsive | 9 | |
| | (provi | de details in Part VI). See instructions. | | | |
| 9 | Distrib | outable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 | amount divided by line 9 amount | | | |
| Secti | on E - | Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distrib | outable amount for 2019 from Section C, line 6 | | | |
| 2 | Under | distributions, if any, for years prior to 2019 (reason- | | | |
| | able c | ause required- explain in Part VI). See instructions. | | | |
| 3 | Exces | s distributions carryover, if any, to 2019 | | | |
| а | From | 2014 | | | |
| b | From | 2015 | | | |
| С | From | 2016 | | | |
| d | From | 2017 | | | |
| е | From | 2018 | | | |
| f | Total | of lines 3a through e | | | |
| g | Applie | ed to underdistributions of prior years | | | |
| h | Applie | ed to 2019 distributable amount | | | |
| i | Carry | over from 2014 not applied (see instructions) | | | |
| j | Rema | inder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distrib | outions for 2019 from Section D, | | | |
| | line 7: | \$ | | | |
| а | Applie | ed to underdistributions of prior years | | | |
| b | Applie | ed to 2019 distributable amount | | | |
| С | Rema | inder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Rema | ining underdistributions for years prior to 2019, if | | | |
| | any. S | Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than z | ero, explain in Part VI. See instructions. | | | |
| 6 | Rema | ining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4 | b from line 1. For result greater than zero, explain in | | | |
| | Part V | /I. See instructions. | | | |
| 7 | Exces | ss distributions carryover to 2020. Add lines 3j | | | |
| | and 4 | c. | | | |
| 8 | Break | down of line 7: | | | |
| а | Exces | s from 2015 | | | |
| b | Exces | s from 2016 | | | |
| С | Exces | s from 2017 | | | |
| d | Exces | s from 2018 | | | |
| | | s from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| | |

82-2661656 FORE BATTEN FOUNDATION Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

FORE BATTEN FOUNDATION

82-2661656

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$12,000. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$10,251. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>10,000.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$9,600. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$8,339. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$8,250. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

FORE BATTEN FOUNDATION

82-2661656

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al spac | e is needed. | |
|------------|---|---------|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 7 | | \$_ | 7,800. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 8 | | \$_ | 7,600. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 9 | | \$_ | 7,500. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 10 | | \$_ | 12,000. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 11 | | \$_ | 6,838. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 12 | | \$_ | 6,600. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

FORE BATTEN FOUNDATION

82-2661656

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$6,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | \$6,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | | \$ 11,000. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | - Training additions and En 11 | \$5,400. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 | | \$5,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | | \$5,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

FORE BATTEN FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | \$5,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$5,000. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | | \$5,000. | Person X Payroll |

FORE BATTEN FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed. | |
|------------|---|----------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 27 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 29 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | | \$9,600. | Person X Payroll |

FORE BATTEN FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | | \$ 25,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | | \$5,000. | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | | \$ 25,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34 | | \$5,400. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 36 | | \$5,000. | Person X Payroll |

FORE BATTEN FOUNDATION

| 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 | | | |
| 37 | | \$5,000. | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 38 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 39 | | \$ | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 40 | | \$5,000. | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

FORE BATTEN FOUNDATION

| (a) No. (b) FMV (or estimate | (4) |
|---|---------------------------------------|
| From Description of noncash property given Part I (See instructions. | |
| 1 KOHANAIKI FOR 4 | |
| | 00. 03/04/19 |
| (a) No. from Part I (b) FMV (or estimate (See instructions.) | |
| 2 SAND HILLS GOLF FOR 4 | |
| \$ 10,2 | 03/04/19 |
| (a) No. from Part I (b) (c) FMV (or estimate (See instructions.) | |
| 3 SHADOW TOM DOAK FOR A DAY | |
| | 00. 03/04/19 |
| (a) No. from Part I (b) FMV (or estimate (See instructions.) | I I I I I I I I I I I I I I I I I I I |
| CONGAREE GOLF CLUB FOR 4 | |
| \$ 9,6 | 00. 03/04/19 |
| (a) No. from Part I (b) FMV (or estimate (See instructions.) | I I I I I I I I I I I I I I I I I I I |
| 5 36 GREAT HOLES ON LONG ISLAND | |
| | 39. 03/04/19 |
| (a) No. from Part I (b) FMV (or estimate (See instructions.) | I I I I I I I I I I I I I I I I I I I |
| 6 LADY GAGA IN LAS VEGAS | |
| \$ 8,2 | 50. 03/04/19 |

FORE BATTEN FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 7 | SAND VALLEY UNLIMITED GOLF | | |
| | | <u> </u> | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 8 | THERMAL FORMULA ONE RACING | | |
| | | \$ | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 9 | SEBONACK GOLF CLUB FOR 4 | | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 10 | NAPA VALLEY WINE AND LODGING | | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 11 | INSTANT CALIFORNIA WINE CELLAR | _ | |
| | | <u> </u> | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 12 | MAYACAMA GOLF FOR 3 | | |
| | 6.40 | s6,600. | 03/04/19 |

FORE BATTEN FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 13 | MAIDSTONE CLUB GOLF FOR 3 | _ | |
| | | | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 14 | SHADOW CREEK/MGM/TOPGOLF | | |
| | | | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 15 | SOMERSET HILLS CC | _ | |
| | | <u> </u> | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 16 | CRYSTAL DOWNS (36 HOLES) FOR 3 | _ | |
| | | | 03/07/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 17 | FOREST CREEK FOR 4 | _ | |
| | | | 03/04/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 18 | FRIAR'S HEAD GOLF FOR 3 | _ | |
| | | \$\$ | _03/04/19_ |

FORE BATTEN FOUNDATION

| Part II | II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|--|--|--------------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 19 | LOST DUNES GOLF FOR 4 | _ | | | | |
| | | | 02/04/10 | | | |
| | | \$5,100. | 03/04/19 | | | |
| (a) No. | (b) | (c) | (d) | | | |
| from Part I | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received | | | |
| | MONTEREY PENINSULA CLUB FOR 4 | | | | | |
| 20 | | _ | | | | |
| | | \$5,000 . | 03/04/19 | | | |
| (a) No. | (b) | (c) | (d) | | | |
| from Part I | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received | | | |
| Parti | | _ | | | | |
| | | _ | | | | |
| | | | | | | |
| (a) No. | (b) | (c) | (d) | | | |
| from Part I | Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | _ | | | | |
| | | _ | | | | |
| | | | | | | |
| (a) No. | (1-) | (c) | (4) | | | |
| from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received | | | |
| Parti | | _ | | | | |
| | | _ | | | | |
| | | | | | | |
| (a) | | (c) | 4.0 | | | |
| No. from | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received | | | |
| Part I | | | | | | |
| | | _ | | | | |
| 002452 11 0 | | \ \$ | 000 F7 or 000 PF) (0040) | | | |

Name of organization **Employer identification number** 82-2661656 FORE BATTEN FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

| | TIEM FOUNDATION | | | | 02-2001 | 030 |
|---|--|---|--|-----------------------------------|--|---|
| Fundraising Activities required to complete this part | Complete if the organization answet. | red "Y | es" or | n Form 990, Part IV, | line 17. Form 990-E2 | I filers are not |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | |
| key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the | viduals or entities (fundraisers) pursu | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or con contrib | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | • | | | |
| 3 List all states in which the organization or licensing. | n is registered or licensed to solicit o | contrib | utions | s or has been notified | d it is exempt from re | egistration |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 FORE BATTEN FOUNDATION 82-2661656 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ${ t GOLF}$ NONE (add col. (a) through FUNDRAISER col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 675,440 675,440. 408,068 408,068. 2 Less: Contributions 267,372 267,372. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 18,504. 18,504. 6 Rent/facility costs 0. 7 Food and beverages 53,516. 53,516. 8 Entertainment 269,502. 269,502. 9 Other direct expenses 341,522 10 Direct expense summary. Add lines 4 through 9 in column (d) -74,150. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Schedule G (Form 990 or 990-EZ) 2019 932082 09-11-19

b If "Yes," explain:

| Sch | nedule G (Form 990 or 990-EZ) 2019 FORE BATTEN FOUNDATION 82-2 | 661 | 656 | Page 3 |
|-----|--|--------------|--------|----------------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | Yes | ☐ No |
| 12 | to administer charitable gaming? Indicate the percentage of gaming activity conducted in: | ш | 162 | |
| | a The organization's facility | 13a | | % |
| | b An outside facility | _ | | / 0 |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | l | ,,, |
| | Name | | | |
| | Address ► | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 🔲 | Yes | ☐ No |
| ŀ | b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | | |
| | of gaming revenue retained by the third party \$ | | | |
| (| c If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| á | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | Ш | Yes | └─ No |
| ŀ | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| Da | organization's own exempt activities during the tax year ► \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV | w+ III Ii | 200 0 | 0h 10h |
| 1 6 | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | .rt III, III | 165 9, | 90, 100, |
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| Schedule G | (Form 990 or 990-EZ) | FORE BATTEN | N FOUNDATION | 82-2661656 | Page 4 |
|------------|---|---------------------------------------|--------------|------------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Info | ormation (continued) | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

| recipient that received more than | \$5,000. Part II can | be duplicated if addit | tional space is need | ded. | (f) Mathead of | 1 | |
|--|----------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | TO FUND RESEARCH FOR A |
| OUR PROMISE TO NICK FOUNDATION | | | | | | | CURE FOR AND TO PROMOTE |
| PO BOX 10106 | | | | | | | AWARENESS OF BATTEN |
| BEDFORD, NH 03110 | 26-4605606 | | 5,500. | 0. | | | DISEASE. |
| | | | | | | | TO FUND RESEARCH OF |
| ROSALIND FRANKLIN UNIVERSITY OF | | | | | | | ADVANCING KNOWLEDGE AND |
| MEDICINE & SCIENCE - 3333 GREEN | | | | | | | CREATING KNOWLEDGE THAT |
| BAY ROAD - CHICAGO, IL 60064 | 36-2181973 | | 154,008. | 0. | | | CAN BE TRANSLATED INTO |
| GLOBAL GENES | | | | | | | CONNECT, EMPOWER, AND |
| 28 ARGONAUT SUITE 150 | | | | | | | INSPIRE THE RARE DISEASE |
| ALISO VIEJO, CA 92656 | 26-3331487 | | 125. | 0. | | | COMMUNITY |
| MIISO VIEGO, CH 32030 | 20 3331407 | | 123. | · · | | | TO SUPPORT AND PROMOTE |
| SANFORD RESEARCH | | | | | | | THE PURSUIT OF THE |
| 2301 E 60TH ST N | | | | | | | HIGHEST CALIBER, |
| SIOUX FALLS, SD 57104 | 46-0450378 | | 62,571. | 0. | | | PUBLISHABLE RESEARCH (1) |
| • | | | · | | | | TO FUND RESEARCH FOR A |
| BDSRA | | | | | | | CURE FOR AND TO PROMOTE |
| 2780 AIRPORT DRIVE, SUITE 342 | | | | | | | AWARENESS OF BATTEN |
| COLUMBUS, OH 43219 | 91-1397792 | | 36,000. | 0. | | | DISEASE. |
| | | | | | | | TO FUND PROGRAMS SUCH AS |
| GRAYHAWK PTO | | | | | | | STEM, BUILDING AND |
| 7525 E. GRAYHAWK DR. | | | | | | | PLAYGROUND IMPROVEMENTS, |
| SCOTTSDALE, AZ 85255 | 86-0914038 | | 1,500. | 0. | | | CORE KNOWLEDGE |

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

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

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

Schedule I (Form 990) (2019)

| Part III can be duplicated if additional space is needed. (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of non- | (e) Method of valuation | (f) Description of noncash assistance |
|--|-------------------------|--------------------------|------------------------|-------------------------------|---------------------------------------|
| (a) Type of grant of assistance | recipients | cash grant | cash assistance | (book, FMV, appraisal, other) | (i) Description of noncastrassistance |
| | | | | | |
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| Part IV Supplemental Information. Provide the information rec | uired in Part Llin | e 2: Part III. column | (b): and any other a | dditional information | |
| | julieu ii i art i, iiii | e z, r art III, coluirii | r (b), and any other a | dditional information. | |
| PART II, LINE 1, COLUMN (H): | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT | : | | | | |
| ROSALIND FRANKLIN UNIVERSITY OF ME | DICINE & | SCIENCE | | | |
| (H) PURPOSE OF GRANT OR ASSISTANCE | : TO FUN | D RESEARCH | OF ADVANC | ING | |
| KNOWLEDGE AND CREATING KNOWLEDGE T | HAT CAN | BE TRANSLA | TED INTO I | MPROVING | |
| | | | | | |
| THE HEALTH OF THE POPULATION | | | | | |
| | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT | : SANFOR | D RESEARCH | I | | |
| (H) PURPOSE OF GRANT OR ASSISTANCE | TO SIIP | PORT AND F | РВОМОТЕ ТНЕ | PIIRSIITT | |

| Part IV Supplemental Information |
|--|
| OF THE HIGHEST CALIBER, PUBLISHABLE RESEARCH (1) RELATING TO THE |
| DEVELOPMENT/DELIVERY OF QUALITY MEDICAL AND HEALTH CARE SERVICES, (2) |
| ADVANCING MEDICAL OR SCIENTIFIC KNOWLEDGE AND SKILLS, AND/OR (3) |
| BENEFITING THE EDUCATION OF HEALTH SCIENCE STUDENTS, RESIDENTS, HEALTH |
| PROFESSIONALS AND THE GENERAL PUBLIC |
| |
| NAME OF ORGANIZATION OR GOVERNMENT: GRAYHAWK PTO |
| (H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND PROGRAMS SUCH AS STEM, |
| BUILDING AND PLAYGROUND IMPROVEMENTS, CORE KNOWLEDGE ACTIVITIES, FIELD |
| TRIPS, CLASSROOM SUPPLIES, TECHNOLOGY, ART MASTERPIECE, TEACHER TRAINING |
| AND ASSEMBLIES, ETC. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 for instructions and the latest information.

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

| Pai | rt I Types of Property | | | | | | | |
|-----|---|--------------|----------------------------|---|------------|---------------|-------|----|
| | | (a) | (b) | (c) | | (d) | | |
| | | Check if | Number of contributions or | Noncash contribution amounts reported on | | of determini | | _ |
| | | applicable | | Form 990, Part VIII, line 1g | noncasn co | ntribution an | nount | S |
| 1 | Art - Works of art | Х | 2 | | AUCTION 1 | PRICE | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | Х | | 675. | AUCTION 1 | PRICE | | |
| 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 | Х | 5 | 3,306. | AUCTION 1 | PRICE | | |
| 19 | Food inventory | X | 11 | 20,143. | AUCTION 1 | PRICE | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (ACTIVITIES) | X | 112 | | AUCTION 1 | | | |
| 26 | Other \blacktriangleright ($\overline{\text{HOTELS/LODGIN}}$) | X | 19 | 29,321. | AUCTION 1 | PRICE | | |
| 27 | Other • () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | | - | | | | | |
| | for which the organization completed Form 828 | 83, Part IV, | Donee Acknowled | gement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | | |
| | must hold for at least three years from the date | | • | • | | | | 37 |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| | If "Yes," describe the arrangement in Part II. | | | , | 0 | | | v |
| 31 | Does the organization have a gift acceptance | | | | | 31 | | X |
| 32a | Does the organization hire or use third parties | | | · · | | | | v |
| | contributions? | | | | | 32a | | X |
| | If "Yes," describe in Part II. | -h () * | | | -11 | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | or a type of propert | y tor which column (a) is che | ecked, | | | |
| | describe in Part II. | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19

Schedule M (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| EDUCATE THE PUBLIC ABOUT AND TO OBTAIN FUNDING FOR RESEARCH TO CURE |
| RARE DISEASES, INCLUDING SPECIFICALLY JUVENILE BATTEN DISEASE. |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| |
| FORM 990, PART VI, SECTION A, LINE 2: |
| DAVID KAHN, DIRECTOR |
| KAREN KAHN, PRESIDENT |
| FAMILY |
| |
| MARLENA KAHN, SECRETARY |
| DAVID KAHN, DIRECTOR |
| JENNIFER MCGINN, DIRECTOR |
| FAMILY |
| |
| CHAD MCGINN, CFO |
| JENNIFER MCGINN, DIRECTOR |
| FAMILY |
| |
| KATHRYN NIEDERER, DIRECTOR |
| KAREN KAHN, PRESIDENT |
| FAMILY |
| |

932211 09-06-19

FORM 990, PART VI, SECTION A, LINE 6:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization FORE BATTEN FOUNDATION

Employer identification number 82-2661656

THE ORGANIZATION HAS ONE CLASS OF MEMBERS WHO HAVE THE RIGHT TO ELECT THE
BOARD OF DIRECTORS OF THE ORGANIZATION. THE MEMBERS HAVE NO RIGHT TO
RECEIVE ANY SHARE OF THE ORGANIZATION'S PROFITS OR NET ASSETS UPON THE
ORGANIZATION'S DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS WHO HAVE THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF THE ORGANIZAION.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAD NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S RETURN PREPARER (AN OUTSIDE ACCOUNTING FIRM) EMAILS FORM
990 TO THE ORGANIZATION'S PRESIDENT/CHIEF OPERATING OFFICER, WHO REVIEWS

AND EMAILS THE FORM 990 TO EACH DIRECTOR AND OFFICER OF THE ORGANIZATION
FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ARRANGEMENTS EXIST AS OF THE FILING OF THIS FORM 990.

THE ORGANIZATION PERIODICALLY REVIEWS (A) WHETHER COMPENSATION ARRANGEMENTS
AND BENEFITS (IF ANY) ARE REASONABLE, BASED ON COMPETENT SURVEY
INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING; AND (B) WHETHER
PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT
ORGANIZATIONS (IF ANY) CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE
PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND
SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT,
IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. NO SUCH

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

| Name of the organization FORE BATTEN FOUNDATION | Employer identification number 82-2661656 |
|--|---|
| | |
| ADDITIONALLY, EACH DIRECTOR AND OFFICER OF THE ORGANIZATI | ON IS REQUIRED TO |
| ANNUALLY SIGN A STATEMENT WHICH AFFIRM THAT SUCH PERSON (| A) HAS RECEIVED A |
| COPY OF THE CONFLICTS OF INTEREST POLICY; (B) HAS READ AN | ID UNDERSTANDS THE |
| POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) | UNDERSTANDS THE |
| ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS F | 'EDERAL TAX |
| EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH AC | COMPLISH ONE OR |
| MORE OF ITS TAX-EXEMPT PURPOSES. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE ORGANIZATION DOES NOT PROVIDE ANY COMPENSATION. HOWEVE | ER, TO THE EXTENT |
| ANY SUCH COMPENSATION IS PAID IN THE FUTURE, THE ORGANIZA | TION WILL |
| PERIODICALLY REVIEW WHETHER SUCH COMPENSATION ARRANGEMENT | 'S AND BENEFITS ARE |
| REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND AF | E THE RESULT OF |
| ARM'S LENGTH BARGAINING. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT | OF INTEREST POLICY |
| AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ | UEST. |
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