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Form **991** 

# 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

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending

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

Open to Public

<b>B</b> c	heck if pplicable	C Name of organization			D Employer identific	cation number
X	Addres change	FORE BATTEN FOUNDATION				
	Change Change	Doing business as			82-26616	56
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone number	
	Final return/	11312 US 15-501 NORTH			440-708-	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code	1	G Gross receipts \$	2,132,613.
	Amendoreturn	chapel HILL, NC 27517	<u> </u>		H(a) Is this a group re	eturn
	Applica		EN KAHN		for subordinates	? Yes X No
	pending	11312 OS 12-201 NORTH #	107-117, CHAPEL	HILL,	<b>H(b)</b> Are all subordinates in	ncluded? Yes No
				or 527	If "No," attach a	list. See instructions
		HTTP://WWW.FOREBATTEN.			H(c) Group exemption	
			sociation Other	<b>L</b> Year	of formation: 2017  N	1 State of legal domicile: AZ
Pa		Summary		ODGAN	ITCAMTON TO	ODGANTEED
Governance	1 [	Briefly describe the organization's mission or most EXCLUSIVELY FOR EDUCATION	significant activities: THIS AL AND CHARITAE	SLE PUR	POSES, INCL	UDING TO
ern		Check this box 🕨 🔲 if the organization disco			1 1	ssets.
ŏ		Number of voting members of the governing body				4
⋖ర		Number of independent voting members of the go				4
ies		otal number of individuals employed in calendar				1
Activities		otal number of volunteers (estimate if necessary)				0
Ac		otal unrelated business revenue from Part VIII, co				297.
	n d	Net unrelated business taxable income from Form	990-1, Part I, line 11	······		
	8 (	Contributions and grants (Part VIII, line 1h)			Prior Year 964,853.	Current Year 1,624,675.
nue					0.	120.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4			11,421.	177.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			-35,327.	-54,630.
	l	otal revenue - add lines 8 through 11 (must equal			940,947.	1,570,342.
		Grants and similar amounts paid (Part IX, column (			521,821.	882,899.
		Benefits paid to or for members (Part IX, column (A			0.	0.
S		Salaries, other compensation, employee benefits (			54,448.	51,892.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A),	ine 11e)		0.	0.
xbe		otal fundraising expenses (Part IX, column (D), lin	. 10 0	87.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		25,379.	26,923.
		otal expenses. Add lines 13-17 (must equal Part l			601,648.	961,714.
. (0	<b>19</b> F	Revenue less expenses. Subtract line 18 from line	12		339,299.	608,628.
ts or				Be	ginning of Current Year	End of Year
ssel Bala	20 1	otal assets (Part X, line 16)			1,271,746.	1,880,374.
Net Assets or Fund Balances	21 7	Total liabilities (Part X, line 26)			1,271,746.	1,880,374.
Pa	22 N	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,2/1,/40•	1,000,374.
		ties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the hest of my	v knowledge and helief it is
		, and complete. Declaration of preparer (other than office				y Kilowiougo alla bollol, it lo
		<b>\</b>	,		1	
Sign	ո	Signature of officer			Date	
Her		KAREN KAHN, PRESIDENT/	CEO			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	<b>I</b>	Date Check	PTIN
Paid	-		EUGENE KIM	0	8/10/22 if self-employe	P00738418
	-		GROUP		Firm's EIN 🕨	33-0532641
Use	Only	Firm's address 21515 HAWTHORNE TORRANCE, CA 905			Phone no. (3	10)540-5990
May	the IR	S discuss this return with the preparer shown abo				X Yes No
		= =				F 000 (2224)

		2-2661656	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO FUND PIONEERING RESEARCH AND COMPASSIONATELY SUPPORT THE	HE BATTEN	
	COMMUNITY. THE ORGANIZATION WORKS TIRELESSLY TO GIVE CHILI	OREN WITH	
	BATTEN DISEASE THE BEST POSSIBLE LIFE, TO SPREAD AWARENESS	S OF THE	
	URGENCY TO FUND NEW TREATMENTS, AND TO HELP ALL FAMILIES A	AFFECTED B	Y
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	If "Yes," describe these changes on Schedule O.	163	140
4		acured by expense	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	ne total expenses,	and
_	revenue, if any, for each program service reported.		
4a		\ / 2 \	)
	THIS ORGANIZATION MADE GRANTS TO SEVERAL TAX-EXEMPT 501(C)		
	ORGANIZATIONS THAT ADVANCE THE OBJECTIVES OF THIS ORGANIZATIONS		
	PROMOTE AWARENESS OF BATTEN DISEASE AS WELL AS TO PROMOTE		
	FOR SCIENTISTS TO COME TOGETHER TO CREATE AND FUND INNOVA	<u> </u>	RCH
	PROPOSALS TO WORK TOWARD A CURE FOR BATTEN DISEASE.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		1
	N/A		
	<del></del>		
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 ▶ 910,149.		
		Form 9	90 (2021)

## 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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			۱
	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			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	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,			٦,
_	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			<sub>V</sub>
_	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?			l ₩
	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			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,	44.		х
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		<del></del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<del></del>
•	the organization's siability 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		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		Х
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		Х
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	Х	
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		X
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. See instructions	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	7 1	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	

# Form 990 (2021) FORE BATTEN FOUNDA Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			٠,,
	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 the Schedule L, Part IV,			
а	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Х	
24	contributions? If "Yes," complete Schedule M	30	Λ	X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		1
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l <u> </u>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ <sub>3,7</sub>	
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contiduid to Contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		1.55	1.10
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

132004 12-09-21

921) FORE BATTEN FOUNDATION

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

		į		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			
	•		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
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 A				Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5c		- 25
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		
Va	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			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:	ا ءما			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   Section 501(c)(12) organizations. Enter:	100			
'' a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				37
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	τ income?	16		X
47	If "Yes," complete Form 4720, Schedule O.	on.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532.		17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		H''		
	ii 165, Complete Form 6000.				

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	
Sect	ion 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	1a		4				
	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	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 relationsh	ip with	any other					
	officer, director, trustee, or key employee?				2	Х		
	Did the organization delegate control over management duties customarily performed by or under the			····· [				
of officers, directors, trustees, or key employees to a management company or other person?							х	
	Did the organization make any significant changes to its governing documents since the prior Form				3 4		Х	
	Did the organization become aware during the year of a significant diversion of the organization's as				5		Х	
	Did the organization have members or stockholders?			г	6	Х		
	Did the organization have members, stockholders, or other persons who had the power to elect or a			·····				
	more members of the governing body?				7a	Х		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			····· }				
	persons other than the governing body?		•		7b		х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			·····	75			
	The governing body?			- 1	8a	Х		
	Each committee with authority to act on behalf of the governing body?				8b		Х	
				····· }	OD			
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reconganization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х	
	ion B. Policies (This Section B requests information about policies not required by the Internal F				9		21	
3601	Total B. Folicies (This Section B requests information about policies not required by the internal P	ieveriu	le Code.)			V	Na	
40-	Did the averagination have lead about we have about ay officiate 0			Г	10-	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			}	10a		-25	
	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х		
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- 1		v		
	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 ris			·····	12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					v		
	on Schedule O how this was done				12c	Х	37	
	Did the organization have a written whistleblower policy?			г	13		X	
	Did the organization have a written document retention and destruction policy?			·····	14		Х	
	Did the process for determining compensation of the following persons include a review and approve	-	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						77	
	The organization's CEO, Executive Director, or top management official				15a		Х	
	Other officers or key employees of the organization				15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			J				
	taxable entity during the year?				16a		X	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's					
	exempt status with respect to such arrangements?				16b			
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► <u>NC</u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (section 501	1 (c)(3)	s only)	availa	able	
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain	n on S	chedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest police	cy, and	d finar	ncial		
	statements available to the public during the tax year.							
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records <b>&gt;</b>					
20	• • • • • • • • • • • • • • • • • • • •	ooks a	nd records  _					

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

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

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

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

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

Check this box if neither the organization (A)	(B)	1			C)	.,		(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
Name and title	hours per	(do	not o	heck	more	than	one h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altru	onal t		ploye	e com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID KAHN	4.00	트	트	5	3	王吉	꼰			
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.
(2) KAREN KAHN	7.50	+	$\vdash$						•	•
PRESIDENT/CEO	7.50	$ \mathbf{x} $		x				0.	0.	0.
(3) KATHRYN NIEDERER	2.00	+		<del></del>						<u></u>
DIRECTOR	<u> </u>	$ \mathbf{x} $						0.	0.	0.
(4) JENNIFER MCGINN	2.00	<del>                                     </del>								
DIRECTOR		x						0.	0.	0.
(5) MARLENA KAHN	1.00									
SECRETARY		1		Х				0.	0.	0.
		1								
		1								
		1								
		1								
		4								
		4								
		-								
		4								
		-								
		1	$\vdash$	-		$\vdash$	-			
		-								
		$\vdash$				$\vdash$				
		┨								
		1	1							

Page 8

Pai	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	1					
	(A)	(B) Average			Pos	<b>C)</b> sition	า		(D)	(E)			(F)	لم
	Name and title	hours per		not c	check	more	than is bot		Reportable compensation	Reportable compensation			imate ount	
		week	offi				or/trus		from	from related			other	٥,
		(list any	director						the	organizations			oensa	
		hours for related	or dir	ee			ated		organization	(W-2/1099-MISC	/		om the	
		organizations	rustee	trust		e e	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati I relati	
		below	Individual trustee or	Institutional trustee	_	mploy	est col	e l	,				nizati	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
			-											
				1										
			-											
											_			
			-											
			1											
1b	Subtotal							▶	0.	(	٥.			0 .
	Total from continuation sheets to Part V								0.		).			0 .
d	Total (add lines 1b and 1c)								0.		).			0 .
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable				,
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director trust	<b>6</b> 0	kev i	emn	love	- A	r hic	nhest compensated emr	olovee on	Г		163	140
Ū	line 1a? If "Yes," complete Schedule J for s	•		•		•	•	_	griest compensated emp	•		3		Х
4	For any individual listed on line 1a, is the su										¨			
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sche	edul	e J i	for such individual		[	4		X
5	Did any person listed on line 1a receive or a					-			ted organization or indiv	idual for services				
<u> </u>	rendered to the organization? If "Yes," com	plete Schedul	e J i	for s	uch	pers	son					5		<u> </u>
1	tion B. Independent Contractors  Complete this table for your five highest co	mponeated in	don	onde	ont c	cont	racti	ore t	that received more than	\$100,000 of comp.	onc	ation f	om	
•	the organization. Report compensation for	•									CI 136	ation	OIII	
	(A)				<u>J</u>				(B)	,		(C	)	
	Name and business	address	N	INC	E				Description of s	services	С	omper	satio	า
2	Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					0					Farm (	200 (	2004

art VIII   S	tatement of	Revenue
--------------	-------------	---------

		Check if Schedule O contains a response o	r note to any lir	ne in this Part VIII			
		Official in Schedule O Contains a response of	Thote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
						business revenue	from tax under
							sections 512 - 514
ıts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
اغٌ ج			17,034.				
ifts r A		9					
ا≣'ج		• • • • • • • • • • • • • • • • • • • •					
Sin		Government grants (contributions) 1e					
흕	f	All other contributions, gifts, grants, and					
호			507,641.				
함	ç	Noncash contributions included in lines 1a-1f	07,641.				
a So	h			1,624,675.			
			Business Code	,			
	•	+	Buomicoo Oode				
اق	2 a						
e Z	b	·					_
en S	c	·					
ev ev	c						
Program Service Revenue	e						
P.	f	All other program service revenue	423000	120.		120.	
		Total. Add lines 2a-2f		120.			
$\rightarrow$				1200			
	3	Investment income (including dividends, interes		177.		177.	
		other similar amounts)		1//•		1//•	
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties	<b>)</b>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e l		and sales expenses					
Revenue	c	Gain or (loss) 7c					
Be		Net gain or (loss)					
her		Gross income from fundraising events (not					
뒿	0 6	4 44 5 654					
١							
		contributions reported on line 1c). See	-00 641				
			07,641.				
	b	Less: direct expenses8b	62,271.				
	c	Net income or (loss) from fundraising events		-54,630.			-54,630.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		· · · · · · · · · · · · · · · · · · ·	<b></b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	c	Net income or (loss) from sales of inventory					
$\overline{\Box}$		`	Business Code				
Snc .	11 a	<u> </u>					
ne							
Ver	b						
Miscellaneous Revenue	C						
Ĕ		All other revenue					
	e	Total. Add lines 11a-11d	<b>)</b>				
	12	Total revenue. See instructions	<b>&gt;</b>	1,570,342.	0.	297.	-54,630.

### Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	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	000 000	000 000		
	and domestic governments. See Part IV, line 21	882,899.	882,899.		
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,				
6	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	real control of the c	47,917.	19,167.	19,167.	9,583
7 8	Other salaries and wages Pension plan accruals and contributions (include	41,J11•	10,10,0	10,1010	5,505
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,975.	1,590.	1,590.	795
11	Fees for services (nonemployees):	3,77.33	_, _,		
''					
b					
c		10,094.	5,047.	5,047.	
d			7,0111	7,021	
e	D ( ' 1( 1 ' ' ' O D ' N' ' ' 47				
f	Investment management fees				
g	//CF 44				
J	column (A), amount, list line 11g expenses on Sch O.)	1,547.	619.	619.	309
12	Advertising and promotion				
13	Office expenses	5,629.	827.	4,802.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,972.		8,972.	
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				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	100		400	
а	DUES AND SUBSCRIPTIONS	480.		480.	
b	BANK FEE	119.		119.	
С	TAX & LICENSE	82.		82.	
d					
е		0.61 174	010 140	40 070	10 605
25	Total functional expenses. Add lines 1 through 24e	961,714.	910,149.	40,878.	10,687
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)				Eorm <b>990</b> (202

Pa	rt X	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Par	rt X
			(A) (B) Beginning of year End of year
	1	Cash - non-interest-bearing	50,542. 1 259,015
	2	Savings and temporary cash investments	
	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	
	5	Loans and other receivables from any current or former officer, directo	
		trustee, key employee, creator or founder, substantial contributor, or 3	15%
		controlled entity or family member of any of these persons	5
	6	Loans and other receivables from other disqualified persons (as define	ed ed
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(	(B) <b>6</b>
2	7	Notes and loans receivable, net	7
Assets	8	Inventories for sale or use	
	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	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)	1 1 001 016 1 1 000 30
	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	21
3	22	Loans and other payables to any current or former officer, director,	
		trustee, key employee, creator or founder, substantial contributor, or 3	25%
Figurities		controlled entity or family member of any of these persons	
	23	Secured mortgages and notes payable to unrelated third parties	
	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	t X
		of Schedule D	
	26	Total liabilities. Add lines 17 through 25	0. 26
ũ		Organizations that follow FASB ASC 958, check here	
2		and complete lines 27, 28, 32, and 33.	
<u> </u>	27	Net assets without donor restrictions	
<u> </u>	28	Net assets with donor restrictions	
5		Organizations that do not follow FASB ASC 958, check here	<u>X</u>
5		and complete lines 29 through 33.	
, 13 (13	29	Capital stock or trust principal, or current funds	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund	1 001 046 1 1 000 30
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ž	32	Total net assets or fund balances	
	33	Total liabilities and net assets/fund balances	1,271,746. 33 1,880,374

Form	1 990 (2021) FORE BATTEN FOUNDATION	82-	2661656	Pa	ge <b>12</b>
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	1,57		
2	Total expenses (must equal Part IX, column (A), line 25)	2			14.
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,27	1,7	46.
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	1,88	o, 3	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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 separa	te 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 Sc	hedule (	D		
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 Au	dit		
	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 requ	ired aud	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990)

Total

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).) 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2,500.	652,461.	675,440.	964,853.	1,624,675.	3,919,929.		
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.	964,853.	1,624,675.	3,919,929.		
	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)						293,400.		
6	Public support. Subtract line 5 from line 4.						3,626,529.		
Sec	Section B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	2,500.	652,461.	675,440.	964,853.	1,624,675.	3,919,929.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources		219.	2,388.	11,421.	177.	14,205.		
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						3,934,134.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	120.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop	here					►X		
	ction C. Computation of Publ								
14	Public support percentage for 2021 (					14	<u>%</u>		
15	Public support percentage from 2020					15	<u>%</u>		
16a	33 1/3% support test - 2021. If the o								
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2020. If the c						is box		
	and <b>stop here.</b> The organization qual						▶□		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact			=	•	_			
_	meets the facts-and-circumstances to	-		*	-				
b	10% -facts-and-circumstances tes	ū				*	10% or		
	more, and if the organization meets the		•		•				
	organization meets the facts-and-circ								
<u>18</u>	8 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) 2021

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

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

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	<b>,</b> ,	,
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-						
in						
					+	
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						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504( )(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u>
Section C. Computation of Pul			. (2)		11	
<b>15</b> Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and <b>s</b>	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	anizations				
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 instructions.						
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections 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 <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount				Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A) 3						
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 FORE BATTEN F				2-2661656 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
ī	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI

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

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Schedule B (Form 990) (2021)

F	ORE BATTEN FOUNDATION	82-2661656					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	ıl Rule. See instructions.					
Compared Build							
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribution	- · · · · · · · · · · · · · · · · · · ·					
Special Rules							
sections 509(a)(1 contributor, durin	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributior is checked, enter purpose. Don't co	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year   \$\int \frac{1}{2} \text{ \$\frac{1}{2}  \$\frac						
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 ing requirements of Schedule B (Form 990).	•					

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

Schedule B (Form 990) (2021)

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 62,850.	Person X Payroll
(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		\$\$	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
5		\$ <u>46,500</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
6		\$ 299,290.	Person X Payroll

Page 3

Name of organization Employer identification number

### FORE BATTEN FOUNDATION

82-2661656

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	ıdditio	nal space is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2 PACKAGES OF LIBERTY NATIONAL GOLF CLUB FOR 3			
		\$_	3,000.	03/30/21
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
3	2 PACKAGES OF 1 WEEK IN SAN JUAN PUERTO RICO			
		\$_	35,000.	03/29/21
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
4	2 PACKAGES OF DOUBLE EAGLE GOLF/DINNER FOR 4, MULLIGAN OAKMONT GOLF/LUNCH			
		\$_	6,100.	03/29/21
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
5	DORMIE NETWORK 1 YR MEMBERSHIP, 3 PACKAGES OF WOLF POINT/BRIGGS RANCH FOR 8	\$_	46,500.	03/29/21
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		

Schedule B (Form 990) (2021)

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 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

123454 11-11-21 Schedule B (Form 990) (2021)

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

FOF	RE BATTEN FOU	NDATION				82-266165	56
Pa			ctivities Out	tside the United States. Comple	ete if the organ		
	Form 990, Part I	V, line 14b.					
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	her assistance out	side the
3		he following Part	I. line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region		(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activis a prog describe	rity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
	H AMERICA -						
	ADA AND MEXICO,						
	NOT THE UNITED						70.000
TAT	ES			GRANTMAKING			70,000.
3 a	Subtotal	0	0				70,000.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						, ·
J	and 3b)	0	0				70,000.

132071 12-20-21

Schedule F (Form 990) 2021

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA AND MEXICO, BUT NOT	TO SUPPORT INSTITUT NATIONAL DE LA RECHERCHE	70,000				
		THE UNITED STATES	SCIENTIFIQUE S	70,000.		0.		
2 Enter total number of	recipient organizatio	I ns listed above that are	recognized as charities by the	l foreign country,	recognized as a tax			l

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

**\_\_\_\_** 

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

## Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

IN ORDER TO MONITOR THE USE OF GRANTS, THE FORE BATTEN FOUNDATION
REQUIRES THE RESEARCH INSTITUTE TO MAINTAIN A COMPLETE AND ACCURATE
RECORD OF THE FUNDS RECEIVED AND EXPENSES INCURRED UNDER THE GRANTS. THE
FOUNDATION MAY, AT ITS OWN EXPENSE AND ON REASONABLE NOTICE TO THE
RESEARCH INSTITUTE AND DURING NORMAL BUSINESS HOURS, AUDIT OR HAVE
AUDITED THE RECORDS OF THE RESEARCH INSTITUTE INSOFAR AS THEY RELATE TO
THE ACTIVITIES FUNDED BY THIS GRANT.

#### PART II, COLUMN (D):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	
(D) PURPOSE OF GRANT: TO SUPPORT INSTITUT NATIONAL DE LA RECHERCHE	
SCIENTIFIQUE'S RESEARCH FOR THE PURPOSE OF DISCOVERING AND MAKING	
AVAILABLE TO THE PUBLIC NEW AND IMPROVED MEDICAL PROCEDURES AND	
INFORMATION.	

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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

2021

Open to Public Inspection

Name of the organization

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

1 0111 211	TILLY TOOLDILLEON				02 2001	000					
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not					
1 Indicate whether the organization rais		na acti	vities.	Check all that apply							
a Mail solicitations				overnment grants	-						
<b>b</b> Internet and email solicitations				nment grants							
c Phone solicitations	g Special										
d In-person solicitations	<b>9</b> Opeolar	ranare	iioii ig	ovento							
	2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?											
	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		ant to	agree	ments under which	tric fariaraiser is to t	,,					
- Compensated at loads 40,000 by the	r organization.			i		<del>.</del>					
(i) Name and address of individual		(iii)	Did	(iv) Overe versions	(v) Amount paid	(vi) Amount paid					
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	(iii) fundr have c or cor	aiser istody	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)					
or entity (rundraiser)		contrib	utions?	nom activity	listed in col. (i)	organization					
		Yes	No								
Total  3 List all states in which the organization	un in registered or licensed to policit	oontrib	utions	or has been notified	d it is even the from re						
or licensing.	iri is registered of licerised to solicit	JOHEN	utions	s of flas been flotilled	a it is exempt from it	egistration					
er neerienig.											

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 GOLF	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER			col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	35(5)/
Revenue	1	Gross receipts	1,624,675.			1,624,675.
	2	Less: Contributions	1,117,034.			1,117,034.
	3	Gross income (line 1 minus line 2)	507,641.			507,641.
	4	Cash prizes				
δ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	562,271.			562,271.
		Direct expense summary. Add lines 4 through			<b>&gt;</b>	562,271.
_		Net income summary. Subtract line 10 from li				-54,630.
Pa	rt I		answered "Yes" on Form	n 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
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш_	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %  No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		<del>, , , , , , , , , , , , , , , , , , , </del>	, , , , , ,		,	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	ctivities in each of these	states?		. L Yes L No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990) FORE BATTEN FOUNDATION	82-2661656 Page 4
Part IV	(Form 990) FORE BATTEN FOUNDATION  Supplemental Information (continued)	
-		

#### 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

Name of the organization  FORE BATT	EN FOUND	ATION					Employer identification number 82-2661656
Part I General Information on Grants a	and Assistance						
Does the organization maintain records	to substantiate th	ne amount of the grant	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	etion
criteria used to award the grants or assi							▼ , , , , , , , , , , , , , , , , , , ,
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT AND PROMOTE
SANFORD RESEARCH							THE PURSUIT OF THE
2301 E 60TH ST N							HIGHEST CALIBER,
SIOUX FALLS, SD 57104	46-0450378	501(C)(3)	331,807.	0.			PUBLISHABLE RESEARCH (1)
THE WASHINGTON UNIVERSITY							TO SUPPORT THE RESEARCH
SPONSORED PROJECTS ACCOUNTING,							FOR THE PURPOSE OF
CAMPUS BOX 1034,700 ROSEDALE AVE -							DISCOVERING AND MAKING
SAINT LOUI	43-0653611	501(C)(3)	55,495.	0.			AVAILABLE TO THE PUBLIC
							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	501(C)(3)	211,745.	0.			CAN BE TRANSLATED INTO
							TO FUND RESEARCH FOR A
BDSRA							CURE FOR AND TO PROMOTE
2780 AIRPORT DRIVE, SUITE 342							AWARENESS OF BATTEN
COLUMBUS, OH 43219	91-1397792	501(C)(3)	6,000.	0.			DISEASE.
							TO SUPPORT THE
RARE SISTERS BATTEN FOUNDATION							DEVELOPMENT OF MEDICAL
PO BOX 746561							RESEARCH FOR TREATMENTS
ARVADA, CO 80006	84-4406415	501(C)(3)	25,000.	0.			AND CURES FOR CLN3 BATTEN
OUR PROMISE TO NICK FOUNDATION PO BOX 10106							TO PURCHASE HOLIDAY CARE PACKAGES TO SUPPORT 55
BEDEODD NH 03110	26-4605606	15 0 1 ( C ) ( 3 )	7 500	l n	1	1	מחדא

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

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIVERSITY OF ROCHESTER 10 GENESSE STREET SUITE 200							TO SUPPORT THE RESEARCH FOR THE PURPOSE OF THE EVALUATION OF
OCHESTER, NY 14611	16-0743209	501(C)(3)	76,881.	0.			PHOTORECEPTOR OUTER
NIVERSITY OF ARIZONA PONSORED PROJECTS & CONTRACTING SERVICES, PO BOX 4167 - TUCSON, AZ							TO SUPPORT THE RESEARCH FOR THE PURPOSE OF IDENTIFYING POTENTIAL
55717	74-2652689	501(C)(3)	96,927.	0.			SMALL MOLECULE THERAPIE

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form s	90, Part IV, line 22.	
(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
	'				
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, columr	(b); and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: SANFORI	D RESEARCH	I		
(H) PURPOSE OF GRANT OR ASSISTANCE	: TO SUP	PORT AND E	ROMOTE THE	PURSUIT	
OF THE HIGHEST CALIBER, PUBLISHABL	E RESEAR	CH (1) REI	ATING TO T	не	
DEVELOPMENT/DELIVERY OF QUALITY ME	DICAL AN	D HEALTH C	CARE SERVIC	ES, (2)	
ADVANCING MEDICAL OR SCIENTIFIC KN	OWLEDGE A	AND SKILLS	S, AND/OR (	3)	
BENEFITING THE EDUCATION OF HEALTH	SCIENCE	STUDENTS,	RESIDENTS	, HEALTH	
PROFESSIONALS AND THE GENERAL PUBL	IC				

36

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESEARCH FOR THE PURPOSE OF DISCOVERING AND MAKING AVAILABLE TO THE PUBLIC NEW AND

IMPROVED MEDICAL PROCEDURES AND INFORMATION

NAME OF ORGANIZATION OR GOVERNMENT:

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE & SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND RESEARCH OF ADVANCING
KNOWLEDGE AND CREATING KNOWLEDGE THAT CAN BE TRANSLATED INTO IMPROVING

THE HEALTH OF THE POPULATION

NAME OF ORGANIZATION OR GOVERNMENT: RARE SISTERS BATTEN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF

MEDICAL RESEARCH FOR TREATMENTS AND CURES FOR CLN3 BATTEN DISEASE, AND

PROVIDE MONETARY ASSISTANCE TO FAMILIES WITH CHILDREN DIAGNOSED WITH

BATTEN DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ROCHESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESEARCH FOR THE

PURPOSE OF THE EVALUATION OF PHOTORECEPTOR OUTER SEGMENT PHAGOCYTOSIS

FUNCTION IN THE RETINA/RETINAL CELLS OBTAINED FROM A PORCINE MODEL OF

CLN3-BATTEN DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESEARCH FOR THE

PURPOSE OF IDENTIFYING POTENTIAL SMALL MOLECULE THERAPIES FOR THE

TREATMENT OF CLN3 BATTEN DISEASE

Schedule I (Form 990)

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization FORE BATTEN FOUNDATION **Employer identification number** 82-2661656

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		-	•
		арріісаріе		Form 990, Part VIII, line 1g	HOHCASH COHUND	ilion am	Julite	>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	278	E07 641	ATIOMEON DDE	O El		
25	Other (AUCTION)	A	4/0	307,041.	AUCTION PRI	CE		
26	Other ()							
27	Other ()							
28 29	Other ( )  Number of Forms 8283 received by the organize	ration durin	a the tay year for a	entributions				
29	for which the organization completed Form 828		-					
	for which the organization completed form ozo	Jo, i ait v, L	Jonee Acknowledg	ement 29			'es	No
30a	During the year, did the organization receive by	/ contributio	on any property rer	oorted in Part I lines 1 throu	nh 28 that it		63	140
oou	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.					-		
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard contribu	itions?	31		Х
	Does the organization hire or use third parties of						$\dashv$	
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
_	describe in Part II.				<u>.                                    </u>			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service 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
KATHRYN NIEDERER, DIRECTOR
KAREN KAHN, PRESIDENT
FAMILY
FORM 990, PART VI, SECTION A, LINE 6:
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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** FORE BATTEN FOUNDATION 82-2661656

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 FOUNDATION DIRECTOR, 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:

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 ARRANGEMENTS EXIST AS OF THE FILING OF THIS FORM 990.

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

Schedule O (Form 990) 2021 Page 2

Name of the organization FORE BATTEN FOUNDATION

Employer identification number 82-2661656

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 15B:

THE ORGANIZATION PERIODICALLY REVIEWS WHETHER ANY 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.

DE MINIMIS SAFE HARBOR ELECTION

FORE BATTEN FOUNDATION

11312 US 15-501 NORTH #107-117

CHAPEL HILL, NC 27517

EMPOLOYER IDENTIFICATION NUMBER: 82-2661656

FOR THE YEAR ENDING DECEMBER 31, 2021

FORE BATTEN FOUNDATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION
UNDER REG. SEC. 1.263(A)-1(F).

**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 \*\*

Form **991** 

# 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

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending

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

Open to Public

<b>B</b> c	heck if pplicable	C Name of organization			D Employer identific	cation number			
x	Addres change	FORE BATTEN FOUNDATION							
	Change Change	Doing business as			82-26616	56			
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone number				
	Final return/	11312 US 15-501 NORTH			440-708-				
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code	1	G Gross receipts \$	2,132,613.			
	Amendoreturn	chapel HILL, NC 27517	<u> </u>		H(a) Is this a group re	eturn			
	Applica		EN KAHN		for subordinates	? Yes X No			
	pending	11312 OS 12-201 NORTH #	107-117, CHAPEL	HILL,	<b>H(b)</b> Are all subordinates in	ncluded? Yes No			
				or 527	If "No," attach a	list. See instructions			
		HTTP://WWW.FOREBATTEN.			H(c) Group exemption				
			sociation Other	<b>L</b> Year	of formation: 2017  N	1 State of legal domicile: AZ			
Pa		Summary		ODGAN	ITCAMTON TO	ODGANTEED			
Governance	1 [	Briefly describe the organization's mission or most EXCLUSIVELY FOR EDUCATION	significant activities: THIS AL AND CHARITAE	SLE PUR	POSES, INCL	UDING TO			
ern		Check this box 🕨 🔲 if the organization disco			ı ı	ssets.			
ŏ		Number of voting members of the governing body				4			
⋖ర		Number of independent voting members of the go				4			
ies		otal number of individuals employed in calendar				1			
Activities		otal number of volunteers (estimate if necessary)				0			
Ac		otal unrelated business revenue from Part VIII, co				297.			
	n d	Net unrelated business taxable income from Form	990-1, Part I, line 11	······					
	8 (	Contributions and grants (Part VIII, line 1h)			Prior Year 964,853.	Current Year 1,624,675.			
nue					0.	120.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4			11,421.	177.			
æ			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	l	otal revenue - add lines 8 through 11 (must equal			-35,327. 940,947.	-54,630. 1,570,342.			
		Grants and similar amounts paid (Part IX, column (			521,821.	882,899.			
		Benefits paid to or for members (Part IX, column (A			0.	0.			
S		Salaries, other compensation, employee benefits (			54,448.	51,892.			
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A),	ine 11e)		0.	0.			
xbe		otal fundraising expenses (Part IX, column (D), lin	. 10 0	87.					
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		25,379.	26,923.			
		otal expenses. Add lines 13-17 (must equal Part l			601,648.	961,714.			
. (0	19 F	Revenue less expenses. Subtract line 18 from line	12		339,299.	608,628.			
ts or				Be	ginning of Current Year	End of Year			
ssel Bala	20 1	otal assets (Part X, line 16)			1,271,746.	1,880,374.			
Net Assets or Fund Balances	21 7	Total liabilities (Part X, line 26)			1,271,746.	1,880,374.			
Pa	22 N	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,2/1,/40•	1,000,374.			
		ties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the hest of my	v knowledge and helief it is			
		, and complete. Declaration of preparer (other than office				y Kilowiougo alla bollol, it lo			
		<b>\</b>			1				
Sign	ո	Signature of officer			Date				
Here		KAREN KAHN, PRESIDENT/	CEO						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	<b>I</b>	Date Check	PTIN			
Paid	-		EUGENE KIM	0	8/10/22 if self-employed	P00738418			
	-		GROUP		Firm's EIN 🕨	33-0532641			
Use	Only	Firm's address 21515 HAWTHORNE TORRANCE, CA 905			Phone no. (3	10)540-5990			
May	the IR	S discuss this return with the preparer shown abo				X Yes No			
		= =				F 000 (2224)			

Pa	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO FUND PIONEERING RESEARCH AND COMPASSIONATELY SUPPORT THE BA	
	COMMUNITY. THE ORGANIZATION WORKS TIRELESSLY TO GIVE CHILDREN	
	BATTEN DISEASE THE BEST POSSIBLE LIFE, TO SPREAD AWARENESS OF	
	URGENCY TO FUND NEW TREATMENTS, AND TO HELP ALL FAMILIES AFFEC	TED 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.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 910,149 • including grants of \$ 882,899 • ) (Revenue \$	)
	THIS ORGANIZATION MADE GRANTS TO SEVERAL TAX-EXEMPT 501(C)(3)	•
	ORGANIZATIONS THAT ADVANCE THE OBJECTIVES OF THIS ORGANIZATION	I TO
	PROMOTE AWARENESS OF BATTEN DISEASE AS WELL AS TO PROMOTE OPPO	RTUNITIES
	FOR SCIENTISTS TO COME TOGETHER TO CREATE AND FUND INNOVATIVE	RESEARCH
	PROPOSALS TO WORK TOWARD A CURE FOR BATTEN DISEASE.	
4b	(Code:) (Expenses \$	1
710	N/A	,
_		```
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
	N/A	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 910,149.	
		Form <b>990</b> (2021)

# 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		122
O	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III	8		х
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		Х
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
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	Х	
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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ \ •
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continu	ed)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	100	Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			- 25
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		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			<del></del>
	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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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			
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			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			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
31	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 on Schedule O for Part VI, lines 11b and 19?			<del></del>
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

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# 921) FORE BATTEN FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No							
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,									
	filed for the calendar year ending with or within the year covered by this return	2a	1	37								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3			v							
			_	-	X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•	1		X							
h	financial account in a foreign country (such as a bank account, securities account, or other financial and the foreign country account, securities account, or other financial and the foreign country account to the foreign country.	account)?	4a		- 22							
D	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).											
52												
	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> </ul>											
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				Х							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	any contributions that were not tax deductible as charitable contributions?		6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contribut											
	were not tax deductible?		6b									
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? 7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required										
	to file Form 8282?		7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	. 7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	. 7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	. 7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		? 7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the										
			. 8									
9	Sponsoring organizations maintaining donor advised funds.											
a												
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b									
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a										
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:	100										
	Gross income from members or shareholders	11a										
	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?		13a									
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans	13b	_									
С	Enter the amount of reserves on hand	13c			37							
14a	Did the organization receive any payments for indoor tanning services during the tax year?				X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b	$\vdash$								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				y							
	excess parachute payment(s) during the year?		15		X							
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incomo?	46		Х							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Ves." complete Form 4720. Schedule O	LINCOINE!	16		- 25							
17	If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in	anv										
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	1								
	If "Yes," complete Form 6069.											
	·		_									

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											
	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?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5												
6	Did the organization have members or stockholders?	6	Х									
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								
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 on 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											
	on 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								
b	Other officers or key employees of the organization	15b	Х									
	If "Yes" to line 15a or 15b, describe the process on 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 ►NC											
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	) availa	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, an	d 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											
	11312 US 15-501 NORTH #107-117, CHAPEL HILL, NC 27517											

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

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

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

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

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

Check this box if neither the organization (A)	(B)	(C)				1. 3.		(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	(F) Estimated
name and title		(do	(do not check more than one box, unless person is both an					compensation	compensation	amount of
	hours per week	offi	oox, unless perso officer and a direc			or/trus	tee)	from	from related	other
	(list any	ro						the	organizations	compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	e or	stee			ısate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al fr		yee	mpe		1099-NEC)	,	and related
	below	dual	nijo	_	oldm	st co	ie.	,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			· ·
(1) DAVID KAHN	4.00	Ι-	_	Ī	_		_			
DIRECTOR		X						0.	0.	0.
(2) KAREN KAHN	7.50									
PRESIDENT/CEO		X		Х				0.	0.	0.
(3) KATHRYN NIEDERER	2.00									
DIRECTOR		Х						0.	0.	0.
(4) JENNIFER MCGINN	2.00									
DIRECTOR		Х						0.	0.	0.
(5) MARLENA KAHN	1.00									
SECRETARY				Х				0.	0.	0.
		1								
		1								
		4								
		1								
		1								
		1								
		1				1	1			

Form **990** (2021)

09170810 781727 19028.000

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	box offic	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other ompensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer .	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)		from the organizati and relate organization	e ion ed
1b Subtotal c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.	C	•		0.
d Total (add lines 1b and 1c)							no re			•		0
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	hig	ghest compensated emp	oloyee on		Yes	No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl		the organization	. 3	<b>3</b>	X
and related organizations greater than \$150.  5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr						X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .				.   5	<u>,                                      </u>	X
Complete this table for your five highest co the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	nsatio	n from	
(A) Name and business	address	N	INC	E				(B) Description of s	ervices	Com	(C) pensatio	n
							_					
							_					
							$\dashv$					
2 Total number of independent contractors (i		ot li	mite	d to		se li:	stec	d above) who received m	nore than			
\$100,000 of compensation from the organi	∠ali∪i1 <b>&gt;</b>									For	m <b>990</b> (	2021)

Ра	rt V	<u> </u>	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	507,641. 507,641.	1,624,675.			
				Business Code				
o l	2	a						
Program Service Revenue	2	b c d e		402000	100		100	
ъ.		f	All other program service revenue	423000	120.		120.	
		g	Total. Add lines 2a-2f	<b></b>	120.			
	3 4 5		Investment income (including dividends, intered other similar amounts)  Income from investment of tax-exempt bond proparties	proceeds	177.		177.	
	9		(i) Real	(ii) Personal				
		b c	Gross rents 6a	(ii) i cisonai				
		d	Net rental income or (loss)	<u></u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
Revenue		С	Less: cost or other basis and sales expenses 7b  Gain or (loss) 7c					
erF			Net gain or (loss)					
Othe			Gross income from fundraising events (not including \$ 1,117,034 • of contributions reported on line 1c). See  Part IV, line 18 8a  Less: direct expenses 8b	507,641. 562,271.				
					-54,630.			-54,630.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
	10	а	Gross sales of inventory, less returns and allowances10a	1				
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
ne je	11							
llar /en		b						
Miscellaneous Revenue		С						
Mis			All other revenue					
		е	Total. Add lines 11a-11d		4 550 010			F / 655
	12		Total revenue. See instructions	<b>&gt;</b>	1,570,342.	0.	<u> 297.</u>	-54,630.

# Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respon-	se or note to any line in (A)	this Part IX(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	202 202			
	and domestic governments. See Part IV, line 21	882,899.	882,899.		
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)	47 017	10 167	10 167	0 502
7	Other salaries and wages	47,917.	19,167.	19,167.	9,583
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2 000	1 500	1 500	
10	Payroll taxes	3,975.	1,590.	1,590.	795
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10.001	5 0 1 5	5 0 4 5	
С	Accounting	10,094.	5,047.	5,047.	
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 0.)	1,547.	619.	619.	309
12	Advertising and promotion	- 400			
13	Office expenses	5,629.	827.	4,802.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,972.		8,972.	
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				
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.)  DUES AND SUBSCRIPTIONS	480.		480.	
a	BANK FEE	119.		119.	
b	TAX & LICENSE	82.		82.	
C	TAV & HICENSE	04.		04.	
d	All other eveness				
e or	All other expenses	961,714.	910,149.	40,878.	10 607
25	Total functional expenses. Add lines 1 through 24e	JU1,/14.	J1U,149.	40,0/0.	10,687
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 <b>990</b> (2021

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 50,542. 259,015. Cash - non-interest-bearing 1 1,221,204. 1,621,359. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 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 Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 1,271,746. 1,880,374. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33. 0. 0. 29 29 Capital stock or trust principal, or current funds 0. Paid-in or capital surplus, or land, building, or equipment fund ..... 30 30 1,271,746. 1,880,374. 31 31 Retained earnings, endowment, accumulated income, or other funds 1,271,746. 1,880,374. Total net assets or fund balances 32 1,271,746. 1,880,374. Total liabilities and net assets/fund balances ...

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	1,57				
2	Total expenses (must equal Part IX, column (A), line 25)	2			14. 28.		
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,27	1,7	46.		
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	1,88	0,3	74.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X		
				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 on Schedule	e O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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		Х		
	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,			1		
	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 Scl	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 Audit					
	Act and OMB Circular A-133?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

# **SCHEDULE A**

(Form 990)

Total

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).) 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# 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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2,500.	652,461.	675,440.	964,853.	1,624,675.	3,919,929.		
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	0.500	CEO 461	CDE 440	064 053				
4	Total. Add lines 1 through 3	2,500.	652,461.	675,440.	964,853.	1,624,675.	3,919,929.		
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,						000 400		
	column (f)						293,400.		
6	Public support. Subtract line 5 from line 4.						3,626,529.		
	ction B. Total Support		"	( ) 00/0	( 0 0000	( ) 000 (	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2017 2,500.	(b) 2018 652,461.	(c) 2019 675, 440.	(d) 2020 964,853.	(e) 2021	(f) Total		
	Amounts from line 4	2,500.	032,401.	0/3,440.	964,655.	1,624,675.	3,919,929.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,		219.	2,388.	11,421.	177.	14,205.		
_	and income from similar sources		219.	2,300.	11,441.	1110	14,203.		
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.)								
11	Total support. Add lines 7 through 10						3 934 134		
12	Gross receipts from related activities,	etc (see instruction	one)			12	3,934,134. 120.		
13	First 5 years. If the Form 990 is for the			fourth or fifth tax					
	organization, check this box and <b>stor</b>	- 1			_		<b>▶</b> X		
Sec	ction C. Computation of Publ		rcentage						
	Public support percentage for 2021 (			column (f))		14	%		
15	Public support percentage from 2020					15	%		
	33 1/3% support test - 2021. If the o					•			
	stop here. The organization qualifies	•		,		•			
b	33 1/3% support test - 2020. If the								
	and <b>stop here.</b> The organization qual	•		•		•			
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact	-							
	meets the facts-and-circumstances to			=					
b	10% -facts-and-circumstances tes	-			-				
	more, and if the organization meets the	-							
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	<b>&gt;</b>		
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) 2021

## 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.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inoccupidor coction 512						
4							
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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	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 on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	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.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	-Tu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	35		
	9с		
	10a		
	10b		
_		~ 000	

Schedule A (Form 990) 2021

Par	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruction	s).		
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 governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

09170810 781727 19028.000

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2021 FORE BATTEN FOUNDATION			82-2661656 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections 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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Schedule A (Form 990) 2021

**b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

# **Schedule B** (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Schedule B (Form 990) (2021)

F	ORE BATTEN FOUNDATION	82-2661656						
Organization type (check	one):							
Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	ıl Rule. See instructions.						
Compared Build								
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribution	- · · · · · · · · · · · · · · · · · · ·						
Special Rules								
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16th and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount or Z, line 1. Complete Parts I and II.	o, and that received from any one						
contributor, durin literary, or educat	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributior is checked, enter purpose. Don't co	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$							
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 ing requirements of Schedule B (Form 990).	•						

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

Schedule B (Form 990) (2021)

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 62,850.	Person X Payroll
(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		\$\$	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
5		\$ <u>46,500</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
6		\$ 299,290.	Person X Payroll

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

# FORE BATTEN FOUNDATION

82-2661656

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	ıdditio	nal space is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2 PACKAGES OF LIBERTY NATIONAL GOLF CLUB FOR 3			
		\$_	3,000.	03/30/21
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
3	2 PACKAGES OF 1 WEEK IN SAN JUAN PUERTO RICO			
		\$_	35,000.	03/29/21
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
4	2 PACKAGES OF DOUBLE EAGLE GOLF/DINNER FOR 4, MULLIGAN OAKMONT GOLF/LUNCH			
		\$_	6,100.	_03/29/21_
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
5	DORMIE NETWORK 1 YR MEMBERSHIP, 3 PACKAGES OF WOLF POINT/BRIGGS RANCH FOR 8	\$_	46,500.	03/29/21
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-1	1-21	\$_		Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

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 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

123454 11-11-21 Schedule B (Form 990) (2021)

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

	3					. ,	
O	RE BATTEN FOU	NDATION				82-26616	56
			ctivities Ou	tside the United States. Comple	te if the organ		
	Form 990, Part IV	V, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
2	For grantmakers. Described United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	tside the
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
			in the region	recipients located in the region)	Of Service	(s) in the region	in the region
IOR!	TH AMERICA -						
	ADA AND MEXICO,						
	NOT THE UNITED						
TA	res			GRANTMAKING			70,000.
		-					
							+
	Subtotal	0	0				70,000.
b	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				70,000.

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

Schedule F (Form 990) 2021

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT INSTITUT NATIONAL DE LA					
			RECHERCHE					
		THE UNITED STATES		70,000.		0.		
2 Enter total number of			recognized as charities by the					

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

SEE PART V FOR COLUMN (D) DESCRIPTIONS

•	•	•	•	•	•		•		_

-

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" of	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

	· s. s.g · ss		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Ves	X No

Schedule F (Form 990) 2021

Page 5

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART	I,	${ t LINE}$	2:

IN ORDER TO MONITOR THE USE OF GRANTS, THE FORE BATTEN FOUNDATION REQUIRES THE RESEARCH INSTITUTE TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF THE FUNDS RECEIVED AND EXPENSES INCURRED UNDER THE GRANTS. THE FOUNDATION MAY, AT ITS OWN EXPENSE AND ON REASONABLE NOTICE TO THE RESEARCH INSTITUTE AND DURING NORMAL BUSINESS HOURS, AUDIT OR HAVE AUDITED THE RECORDS OF THE RESEARCH INSTITUTE INSOFAR AS THEY RELATE TO THE ACTIVITIES FUNDED BY THIS GRANT.

#### PART II, COLUMN (D):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES (D) PURPOSE OF GRANT: TO SUPPORT INSTITUT NATIONAL DE LA RECHERCHE SCIENTIFIQUE'S RESEARCH FOR THE PURPOSE OF DISCOVERING AND MAKING AVAILABLE TO THE PUBLIC NEW AND IMPROVED MEDICAL PROCEDURES AND INFORMATION.

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

## **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

2021

Open to Public Inspection

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 b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes 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 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 GOLF	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER			col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	35(5)/
Revenue	1	Gross receipts	1,624,675.			1,624,675.
	2	Less: Contributions	1,117,034.			1,117,034.
	3	Gross income (line 1 minus line 2)	507,641.			507,641.
	4	Cash prizes				
δ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	562,271.			562,271.
		Direct expense summary. Add lines 4 through			<b>&gt;</b>	562,271.
_		Net income summary. Subtract line 10 from li				-54,630.
Pa	rt I		answered "Yes" on Form	n 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
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш_	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %  No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		<del>, , , , , , , , , , , , , , , , , , , </del>	, , , , , ,		,	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	ctivities in each of these	states?		. L Yes L No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021	FORE	BATTEN	F	OUNDATION	82-2	661	656	Page 3
11	Does the organization conduct g	aming activi	ities with nonr	mer	nbers?			Yes	No
12					or a member of a partnership or other entity formed		_		
								Yes	└── No
	Indicate the percentage of gamir						ı		
									%
							13b		%
14	Enter the name and address of the	he person w	no prepares t	the	organization's gaming/special events books and reco	rds:			
	Name								
	Address ►								
15	a Does the organization have a co	ntract with a	third party fro	rom	whom the organization receives gaming revenue?			Yes	☐ No
ŀ	If "Yes." enter the amount of gan	nina revenue	e received by	the	organization > \$ and the amo	ount			
	of gaming revenue retained by the								
(	If "Yes," enter name and address								
	Name ▶								
	Name								
	Address								
16	Gaming manager information:								
	Name								
		•							
	Gaming manager compensation	<b>&gt;</b> \$		_					
	Description of services provided	<b>&gt;</b>							
	Director/officer	Emple	oyee		Independent contractor				
17	Mandatory distributions:								
		er state law t	to make charit	itabl	e distributions from the gaming proceeds to				
	retain the state gaming license?							Yes	☐ No
ŀ	Enter the amount of distributions	s required ur	nder state law	v to	oe distributed to other exempt organizations or spent	in the			
	organization's own exempt activi								
Pa				-	nations required by Part I, line 2b, columns (iii) and (vi y additional information. See instructions.	); and Par	t III, li	nes 9,	9b, 10b,
			_						

Schedule G	i (Form 990)	FORE BATTE	N FOUNDATION	82-2661656	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)			

#### SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization 82-2661656 FORE BATTEN FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) TO SUPPORT AND PROMOTE SANFORD RESEARCH THE PURSUIT OF THE 2301 E 60TH ST N HIGHEST CALIBER 501(C)(3) PUBLISHABLE RESEARCH (1) 46-0450378 331,807 SIOUX FALLS, SD 57104 0 TO SUPPORT THE RESEARCH THE WASHINGTON UNIVERSITY FOR THE PURPOSE OF SPONSORED PROJECTS ACCOUNTING. CAMPUS BOX 1034,700 ROSEDALE AVE DISCOVERING AND MAKING SAINT LOUI AVAILABLE TO THE PUBLIC 43-0653611 501(C)(3) 55,495 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 501(C)(3) 211,745 0 CAN BE TRANSLATED INTO TO FUND RESEARCH FOR A CURE FOR AND TO PROMOTE BDSRA 2780 AIRPORT DRIVE, SUITE 342 AWARENESS OF BATTEN COLUMBUS OH 43219 DISEASE 91-1397792 501(C)(3) 6 000 TO SUPPORT THE DEVELOPMENT OF MEDICAL RARE SISTERS BATTEN FOUNDATION RESEARCH FOR TREATMENTS PO BOX 746561 AND CURES FOR CLN3 BATTEN ARVADA, CO 80006 84-4406415 501(C)(3) 25 000 0 OUR PROMISE TO NICK FOUNDATION TO PURCHASE HOLIDAY CARE PO BOX 10106 PACKAGES TO SUPPORT 55 BEDFORD, NH 03110 26-4605606 501(C)(3) 7 500 0 KIDS 8. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8.

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIVERSITY OF ROCHESTER 10 GENESSE STREET SUITE 200							TO SUPPORT THE RESEARCH FOR THE PURPOSE OF THE EVALUATION OF
OCHESTER, NY 14611	16-0743209	501(C)(3)	76,881.	0.			PHOTORECEPTOR OUTER
NIVERSITY OF ARIZONA							TO SUPPORT THE RESEARCH
PONSORED PROJECTS & CONTRACTING							FOR THE PURPOSE OF
ERVICES, PO BOX 4167 - TUCSON, AZ							IDENTIFYING POTENTIAL
5717	74-2652689	501(C)(3)	96,927.	0.			SMALL MOLECULE THERAPIE

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form S	990, Part IV, line 22.	
(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
Part IV Supplemental Information. Provide the information req	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	: SANFOR	D RESEARCH	I		
(H) PURPOSE OF GRANT OR ASSISTANCE	: TO SUP	PORT AND F	ROMOTE THE	PURSUIT	
OF THE HIGHEST CALIBER, PUBLISHABL	E RESEAR	CH (1) REI	ATING TO T	HE	
DEVELOPMENT/DELIVERY OF QUALITY ME	DICAL AN	D HEALTH C	CARE SERVIC	ES, (2)	
ADVANCING MEDICAL OR SCIENTIFIC KN	OWLEDGE	AND SKILLS	s, AND/OR (	3)	
BENEFITING THE EDUCATION OF HEALTH	SCIENCE	STUDENTS,	RESIDENTS	, HEALTH	
PROFESSIONALS AND THE GENERAL PUBL	ıIC				

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESEARCH FOR THE PURPOSE OF DISCOVERING AND MAKING AVAILABLE TO THE PUBLIC NEW AND

IMPROVED MEDICAL PROCEDURES AND INFORMATION

NAME OF ORGANIZATION OR GOVERNMENT:

THE HEALTH OF THE POPULATION

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE & SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND RESEARCH OF ADVANCING
KNOWLEDGE AND CREATING KNOWLEDGE THAT CAN BE TRANSLATED INTO IMPROVING

NAME OF ORGANIZATION OR GOVERNMENT: RARE SISTERS BATTEN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF

MEDICAL RESEARCH FOR TREATMENTS AND CURES FOR CLN3 BATTEN DISEASE, AND

PROVIDE MONETARY ASSISTANCE TO FAMILIES WITH CHILDREN DIAGNOSED WITH

BATTEN DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ROCHESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESEARCH FOR THE

PURPOSE OF THE EVALUATION OF PHOTORECEPTOR OUTER SEGMENT PHAGOCYTOSIS

FUNCTION IN THE RETINA/RETINAL CELLS OBTAINED FROM A PORCINE MODEL OF

CLN3-BATTEN DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RESEARCH FOR THE

PURPOSE OF IDENTIFYING POTENTIAL SMALL MOLECULE THERAPIES FOR THE

TREATMENT OF CLN3 BATTEN DISEASE

Schedule I (Form 990)

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization FORE BATTEN FOUNDATION Employer identification number 82-2661656

Par	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	(d) Method of de noncash contribu		_	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION)	X	278	507,641.	AUCTION PRI	CE		
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>				
						\Y	'es	No
30a	During the year, did the organization receive by	contributio	on any property rep	ported in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	I which isn't required to be u	sed for			
	exempt purposes for the entire holding period?					30a	_	<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31		<u>X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				7.7
	contributions?					32a		<u>X</u>
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.			_				

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

Schedule M (Form 990) 2021

19028\_01

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service 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
KATHRYN NIEDERER, DIRECTOR
KAREN KAHN, PRESIDENT
FAMILY
FORM 990, PART VI, SECTION A, LINE 6:
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.

132211 11-11-21

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

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 FOUNDATION DIRECTOR, 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:

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

ARRANGEMENTS EXIST AS OF THE FILING OF THIS FORM 990.

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

132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization FORE BATTEN FOUNDATION

Employer identification number 82-2661656

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 15B:

THE ORGANIZATION PERIODICALLY REVIEWS WHETHER ANY 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.

DE MINIMIS SAFE HARBOR ELECTION

FORE BATTEN FOUNDATION

11312 US 15-501 NORTH #107-117

CHAPEL HILL, NC 27517

EMPOLOYER IDENTIFICATION NUMBER: 82-2661656

FOR THE YEAR ENDING DECEMBER 31, 2021

FORE BATTEN FOUNDATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).