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PUBLIC DISCLOSURE COPY

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

filing of tr	ils form, visit <i>www.irs.gov/e-file-providers/e-file-for-chari</i>	ties-and-n	non-profits.			
Automa	atic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnersh	ps, REMIC	s, and trusts	
must use	Form 7004 to request an extension of time to file incom	e tax retui	rns.			
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	r identification numb	er (TIN)
print						
File by the	FORE BATTEN FOUNDATION				82-266165	66
due date for filing your return. See instructions. Enter the Ret Application Is For Form 990 or Form 990-BL Form 4720 (ii) Form 990-PF Form 990-T (iii)	Number, street, and room or suite no. If a P.O. box, s 7433 E. JOURNEY LN	ee instruc	tions.			
	City, town or post office, state, and ZIP code. For a for SCOTTSDALE, AZ 85255					
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
	on	Return	Application			Return
		Code	Is For			Code
		01	Form 990-T (corporation)			07
		02	Form 1041-A			08
	·	03	Form 4720 (other than individual) Form 5227			10
	PT (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	PT (trust other than above)	06	Form 8870			12
Teleph If the o	KAREN KAHN books are in the care of ► 7433 E. JOURNEY none No. ► 440-708-6008 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. ▶	If this is fo	r the whole group, o	
1 re the ▶ [quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization of time until organization is for the organization of time until organization is for the extension of time until organization is for the organization of time until organization organizatio	NOVEI anization's	MBER 15, 2021 , to files return for:		npt organization retu	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less			0
	nonrefundable credits. See instructions.	onte:: =::	u rafi indabla aradita arad	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069			26	e	0.
	imated tax payments made. Include any prior year overp ance due. Subtract line 3b from line 3a. Include your pa			3b	\$	<u> </u>
	ng EFTPS (Electronic Federal Tax Payment System). See	•	, , , ,	3с	\$	0.
	If you are going to make an electronic funds withdrawal				•	
instructio		,	,	20 - 3 u		

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

Form 8868 (Rev. 1-2020)

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

** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FORE BATTEN FOUNDATION Name change 82-2661656 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 440-708-6008 7433 E. JOURNEY LN termin-ated 1,354,623. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SCOTTSDALE, AZ 85255 H(a) Is this a group return Applica-F Name and address of principal officer: KAREN KAHN Yes X No for subordinates? pending 7433 E. JOURNEY LN, SCOTTSDALE, AZ85255 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► HTTP: //WWW.FOREBATTEN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2017 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: THIS ORGANIZATION IS ORGANIZED Activities & Governance EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES, INCLUDING TO Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 15 6 Total number of volunteers (estimate if necessary) 11,421. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 675,440. 964,853. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 11,421. 2,388. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -74,150.-35,327. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 603,678. 940.947. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 259,704. 521,821. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 54,448. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 15,605. 25,379. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 275,309. 601,648. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 328,369. 339,299. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,271,746. 932,447. 20 Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 932,447. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date KAREN KAHN, PRESIDENT/CEO Type or print name and title

Sign Here PTIN Print/Type preparer's name Preparer's signature **№**00738418 EUGENE KIM EUGENE KIM 11/02/21 Paid self-employed RAIMONDO PETTIT GROUP Firm's EIN **→** 33-0532641 Preparer Firm's name Firm's address 21515 HAWTHORNE BL. #1250 Use Only TORRANCE, CA 90503-6583 Phone no. (310)540-5990 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form	n 990 (2020) FORE BATTEN FOUNDATION 8	32-2661656 Pag	ge 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 T	HE BATTEN	
	COMMUNITY. THE ORGANIZATION WORKS TIRELESSLY TO GIVE CHIL	DREN WITH	
	BATTEN DISEASE THE BEST POSSIBLE LIFE, TO SPREAD AWARENES	S OF THE	
	URGENCY TO FUND NEW TREATMENTS, AND TO HELP ALL FAMILIES	AFFECTED BY	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
3	If "Yes," describe these changes on Schedule O.		INO
4	· · · · · · · · · · · · · · · · · · ·	aggured by expenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	• •	
	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. (Code:) (Expenses \$ 548,505 • including grants of \$ 521,821 •) (Revenue \$		
4a	(Code:) (Expenses \$ 548,505. including grants of \$ 521,821.) (Revenue \$ THIS ORGANIZATION MADE GRANTS TO SEVERAL TAX-EXEMPT 501(C)
	ORGANIZATIONS THAT ADVANCE THE OBJECTIVES OF THIS ORGANIZ		70
	PROMOTE AWARENESS OF BATTEN DISEASE AS WELL AS TO PROMOTE		
	FOR SCIENTISTS TO COME TOGETHER TO CREATE AND FUND INNOVA	TIVE RESEARCE	1
	PROPOSALS TO WORK TOWARD A CURE FOR BATTEN DISEASE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	N/A		<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	N/A		
	Other program consisce (Deceyibe on Cohedula C.)		
4d	Other program services (Describe on Schedule O.)	1	
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 548,505 •)	
<u>4e</u>	Total program service expenses ▶ 348,305.		200=
		Form 990 (2	2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
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			l
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 25
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	22	

032003 12-23-20

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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		х
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	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	051		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
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	20	Х	
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	21	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	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			
	Part V, line 1	34		Х
35 a	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?			Х
07	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	36		
37	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 in Schedule O for Part VI, lines 11b and 19?	- 57		
•		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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 in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2020) FORE BATTEN FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	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	· ·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6 -		x
b	any contributions that were not tax deductible as charitable contributions?		6a		1
Ь	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).		OD		
и 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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
	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 c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	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:	100			
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 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		12a		
	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		
	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	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			37
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		x
	excess parachute payment(s) during the year?		15		_^
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.	t income?	16		
	ii res, complete i umi 4720, somedule 0.		Гани	990	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	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		X
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KAREN KAHN - 440-708-6008			
	7433 E. JOURNEY LN, SCOTTSDALE, AZ 85255			

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

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

Section A.	Officers, Directors	Trustees, Ke	y Employ	ees, and Hig	hest Com	pensated Emp	ployees

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

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

(A) Name and title	l l 5 ""					than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID KAHN DIRECTOR	4.00	x						0.	0.	C
(2) KAREN KAHN	7.50	 						0.		
PRESIDENT/CEO	7.50	x		х				0.	0.	(
(3) KATHRYN NIEDERER	2.00									
DIRECTOR		х						0.	0.	(
(4) JENNIFER MCGINN	2.00	Ι								
DIRECTOR	1 00	Х						0.	0.	(
(5) MARLENA KAHN SECRETARY	1.00	_		x				0.	0.	(
		-								

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	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate Imount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensat from the ganization nd relate ganization	e on ed
					×							
4.0								0.	0			0.
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	0.	0	•		0.
Total number of individuals (including but r compensation from the organization							no re	eceived more than \$100	0,000 of reportable			C
3 Did the organization list any former officer,			кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on		Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	d otl		the organization	3		X
 5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," com</i> 	accrue compe	nsat	ion f	from	any	/ unr				5		X
Section B. Independent Contractors 1 Complete this table for your five highest co							ors t	that received more than	\$100,000 of compe	•	from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax (year.		(C)	
Name and business	address	NO	INC	3				Description of s	services	Comp	ensatior	1
2. Total number of independent control of	in al radio - le ratio	o+ !!	mai+ -	ما 4ء	+ b	06 !!		l abovo) who we saive the	pare then			
Total number of independent contractors (\$100,000 of compensation from the organi	· ·	IOL III	iiiite	น เป		0	siec	above, who received fr	IOIE IIIAII	Forn	990 (2	0000)

FORE BATTEN FOUNDATION

032008 12-23-20

Pa	r L V	Ш			a in this Dort VIII			
			Check if Schedule O contains a respons	e or note to any iin T	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	•		Federated campaigns 1a Membership dues 1b					
m G			Fundraising events 1c	586,504.				
ifts ir A			Related organizations 1d	300,3010				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
ber			similar amounts not included above 11	378,349.				
QĘ.		~	Noncash contributions included in lines 1a-1f	378,349.				
Son		_	Total. Add lines 1a-1f		964,853.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-11	Business Code	30170331			
o o	•	_		Business Code				
Program Service Revenue	2							
Ser		b						
wer.		C						
gra Re		d						
Pro		e	All other program conting revenue					
			All other program service revenue					
	3		Investment income (including dividends, inte					
	3		other similar amounts)		11,421.		11,421.	
	4		Income from investment of tax-exempt bond					
	5		Royalties	T				
	٥		(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(1) 1 010011011				
	U		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worth line and an (loss)					
	7		Gross amount from sales of (i) Securities					
	'	а	assets other than inventory 7a	(11) 0 11 101				
		h	Less: cost or other basis					
e		J	and sales expenses 7b					
Revenue		_	Gain or (loss) 7c					
3ev		4	Net gain or (loss)					
er	٥		Gross income from fundraising events (not					
GH.	Ü	u	including \$ 586,504. of					
			contributions reported on line 1c). See					
				a 378,349.				
		h		ь 413,676.				
			Net income or (loss) from fundraising events		-35,327.			-35,327.
	9		Gross income from gaming activities. See		.,.=.			, , , , ,
	•	-	Part IV, line 19	a				
		b	Less: direct expenses 9					
			Nick has a second of the secon					
	10		Gross sales of inventory, less returns					
			and allowances 10)a				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
<u> </u>			\	Business Code				
Miscellaneous Revenue	11	а						
ane		b						
eve		С						
Alisc R		d	All other revenue					
~			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		940,947.	0.	11,421.	-35,327.

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 respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	521,821.	521,821.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,378.	20,151.	20,151.	10,076.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,070.	1,628.	1,628.	814.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	8,800.	4,400.	4,400.	
	Lobbying	-	-		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q					
9	column (A) amount, list line 11g expenses on Sch O.)	1,262.	505.	505.	252.
12	Advertising and promotion	,			-
13	Office expenses	13,407.		13,407.	
14	Information technology	,			
15	Royalties				
16	Occupancy				
17	Travel	1,377.		1,377.	
18	Payments of travel or entertainment expenses				
.0	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.)				
а	BANK FEE	440.		440.	
h	TAX & LICENSE	93.		93.	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	601,648.	548,505.	42,001.	11,142.
26	Joint costs. Complete this line only if the organization	001,010.	320,303.	,001	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-23-20				Form 990 (2020)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	x		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	22,904.	1	50,542
	2	Savings and temporary cash investments		2	1,221,204
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 000 117 1	16	1,271,746
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
တ		Organizations that follow FASB ASC 958, check here ▶ □			
ဥ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
Ö	28	Net assets with donor restrictions		28	
Š		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	0
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0
Ä	31	Retained earnings, endowment, accumulated income, or other funds		31	1,271,746
Š	32	Total net assets or fund balances		32	1,271,746
	33	Total liabilities and net assets/fund balances	932,447.	33	1,271,746

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			<u>47.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			48.
3	Revenue less expenses. Subtract line 2 from line 1				99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	93	2,4	47.
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	1,27	1,7	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch					I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative					i).		
4		A medical research organiz						the hospital's name.	
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III	
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)		
6	X		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
′	21	•	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(vi) (Commisto Dom	L II \				
8		A community trust describe						a alla ma	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or	
40		university:	. (4)						
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•				201 1141		
11		An organization organized	•	•	-				
12		An organization organized a		•	=		•		
		more publicly supported or	~					neck the box in	
_		lines 12a through 12d that	* *			-	_	. at ta	
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•			
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting	
		organization. You must o							
b			•					•	
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea	
		organization(s). You mus	-					1 20	
С		☐ Type III functionally inte					• •	ed with,	
		its supported organization		•					
d		☐ Type III non-functionally						` '	
		that is not functionally int	•	•	•		•	iveness	
		requirement (see instruct	· ·	-					
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.			
Т		er the number of supported o	•						
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	`	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))					
Γ∩t:	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")		2,500.	652,461.	675,440.	964,853.	2,295,254.	
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.	2,295,254.	
	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)						111,407.	
6	Public support. Subtract line 5 from line 4.						2,183,847.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4		2,500.	652,461.	675,440.	964,853.	2,295,254.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources			219.	2,388.	11,421.	14,028.	
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						2,309,282.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stor	here					<u> </u>	
	ction C. Computation of Publ							
14	Public support percentage for 2020 (14	%	
15	Public support percentage from 2019					15	%	
16a	33 1/3% support test - 2020. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the o						is box	
	and stop here. The organization qual						▶□	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact			=	•	VI how the organiz	ation	
	meets the facts-and-circumstances to	-	•	* * * * * * * * * * * * * * * * * * * *	-			
b	10% -facts-and-circumstances tes	-					10% or	
	more, and if the organization meets the		·		•			
	organization meets the facts-and-circ						>	
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<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,
_	check this box and stop here						>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organizatio						

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	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		I.,	
			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 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		
	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		163	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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	ıs).		
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
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
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 complete	Sections A through E.			
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)					
Sect	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	IS	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 the	he organization is responsive	9						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	a From 2015								
b	b From 2016								
c	From 2017								
d	From 2018								
е	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2016								
b	Excess from 2017								
	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part VI	Cumplemental Information D. 11111 April 10 D. 1111 April
Fait VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

FORE BATTEN FOUNDATION 82-2661656

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, 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; line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \cdot\ \grace \ \grace \grace \ \grace					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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

Name of organization Employer identification number

FORE BATTEN FOUNDATION

82-2661656

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 85,100.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$31,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

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	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOUR SEASONS MAUI ELITE SUITE		
		\$85,100.	03/04/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	THERMAL RACING EXPERIENCE, MAYACAMA 36 LODGING, QUARRY@LAQUINTA & LUNCH		
		\$ 25,500.	03/02/20
(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
		\$	
(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
		4	
000450 11 0		\$	000 000 F7 ar 000 BE\ (0000\

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

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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,		
OF	RE BATTEN FOU	NDATION				82-26616	56	
			ctivities Ou	tside the United States. Comple	te if the organ			
	Form 990, Part I\	/, line 14b.						
1				ds to substantiate the amount of its gra				
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No	
_	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the							
2	United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	tner assistance ou	iside the	
3		he following Par	t Lline 3 table ca	an be duplicated if additional space is n	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 independent	(by type) (such as, fundraising, pro-	•	gram service,	expenditures for and	
		in the region	independent contractors	gram services, investments, grants to		e specific type	investments	
			in the region	recipients located in the region)	of service	(s) in the region	in the region	
TOD!	NI AMEDICA			CD ANIMA K TNG			70.000	
IOK.	TH AMERICA			GRANTMAKING			70,000.	
							1	
							+	
3 2	Subtotal	0	C				70,000.	
	Total from continuation						70,000.	
	sheets to Part I	0	C				0.	
С	Totals (add lines 3a							
	and 2h)	l o	l d				70 000	

032071 12-03-20

Schedule F (Form 990) 2020

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

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) 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 SCIENTIFIQUE'S	70,000.		0.		

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

. 💺 _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.									
Part III can be duplicated if a	dditional space is neede	(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

Part IV	Foreign	Forms

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) 2020

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, 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
(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

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of th	ne organization	Employer identification number					
	FORE BATTEN FOUNDATION	82-2661656					
Part I	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.						

required to complete this par	 Complete if the organization answe t. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed the compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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

Schedule G (Form 990 or 990-EZ) 2020 FORE BATTEN FOUNDATION 82-2661656 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ${ t GOLF}$ NONE (add col. (a) through FUNDRAISER col. (c)) (event type) (total number) (event type) 1 Gross receipts 964,853 964,853. 586,504 586,504. 2 Less: Contributions 378,349 378,349. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 19,332. 19,332. 6 Rent/facility costs 0. 7 Food and beverages 12,856. 12,856. 8 Entertainment 381,488. 9 Other direct expenses 381,488. 413,676. 10 Direct expense summary. Add lines 4 through 9 in column (d) -35,327. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 FORE BATTEN FOUNDATION 82	-266I	656	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	of gaming revenue retained by the third party \$\bigseleft\ \text{ s," enter the amount of gaming revenue received by the organization } \bigseleft\ \text{ and the amount of gaming revenue retained by the third party } \bigseleft\ \text{ s."}			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	FORE BATTEN	FOUNDATION	82-2661656 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·		

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 FORE BATTEN FOUNDATION 82-2661656 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 (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash 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 PUBLISHABLE RESEARCH (1) 46-0450378 226,828 SIOUX FALLS, SD 57104 0 TO SUPPORT THE RESEARCH THE WASHINGTON UNIVERSITY SPONSORED PROJECTS ACCOUNTING. FOR THE PURPOSE OF CAMPUS BOX 1034,700 ROSEDALE AVE DISCOVERING AND MAKING SAINT LOUI AVAILABLE TO THE PUBLIC 43-0653611 110,990 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 44,002 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 70,000 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2020

(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	ł		
(H) PURPOSE OF GRANT OR ASSISTANCE	: TO SUP	PORT AND E	ROMOTE THE	PURSUIT	
OF THE HIGHEST CALIBER, PUBLISHABL	E RESEAR	CH (1) REI	LATING 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	IC				

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

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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti		_	s	
1	Art - Works of art	X	2		AUCTION PI	RICE			
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X	RICE						
6	Cars and other vehicles	9							
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	X	27	•	AUCTION P				
19	Food inventory	X	14	13,605.	AUCTION P	RICE			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		1.50	04.4.505					
25	Other ACTIVITIES	X	169	•	AUCTION PI				
26	Other (HOTELS/LODGIN)	X	28	131,538.	AUCTION P	RICE			
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part V, [Oonee Acknowledg	gement 29			1		
							Yes	No	
30a	During the year, did the organization receive b								
	must hold for at least three years from the dat			•		00		Х	
	exempt purposes for the entire holding period	?				30a			
	If "Yes," describe the arrangement in Part II.			-f	.tio	0.4		Х	
31	Does the organization have a gift acceptance					31			
32a	Does the organization hire or use third parties contributions?		-			32a		Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,				
	describe in Part II.								
				_		o M /Farm			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

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

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 PRESIDENT/CHIEF OPERATING OFFICER, WHO REVIEWS AND EMAILS THE FORM 990 TO EACH DIRECTOR AND OFFICER OF THE ORGANIZATION FOR REVIEW BEFORE FILING.

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

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 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

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 COMPENS	ATION ARRANGEMENTS									
AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY IN	FORMATION, 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 REQ	UEST.									

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 **

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FORE BATTEN FOUNDATION Name change 82-2661656 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 440-708-6008 7433 E. JOURNEY LN termin-ated 1,354,623. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SCOTTSDALE, AZ 85255 H(a) Is this a group return Applica-F Name and address of principal officer: KAREN KAHN Yes X No for subordinates? pending 7433 E. JOURNEY LN, SCOTTSDALE, AZ85255 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► HTTP: //WWW.FOREBATTEN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2017 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: THIS ORGANIZATION IS ORGANIZED Activities & Governance EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES, INCLUDING TO Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 15 6 Total number of volunteers (estimate if necessary) 11,421. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 675,440. 964,853. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 11,421. 2,388. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -74,150.-35,327. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 603,678. 940.947. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 259,704. 521,821. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 54,448. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 15,605. 25,379. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 275,309. 601,648. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 328,369. 339,299. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,271,746. 932,447. 20 Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 932,447. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date KAREN KAHN, PRESIDENT/CEO Type or print name and title

Sign Here PTIN Print/Type preparer's name Preparer's signature **№**00738418 EUGENE KIM EUGENE KIM 11/02/21 Paid self-employed RAIMONDO PETTIT GROUP Firm's EIN **→** 33-0532641 Preparer Firm's name Firm's address 21515 HAWTHORNE BL. #1250 Use Only TORRANCE, CA 90503-6583 Phone no. (310)540-5990 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Pai	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 \$ 548,505 • including grants of \$ 521,821 •) (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 \$ including grants of \$) (Revenue \$)	1
710	N/A	
4-		1
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 ► 548,505.	
		Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
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			l
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 25
D	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	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	<u> </u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	22	

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Form 990 (2020) FORE BATTEN FOUNDATED FORT IV Checklist of Required Schedules (continued)

	- Continued - Continued			1	
00	Did the every institute was set as see the set of 000 of swants or althous assistance to set for demonstrating individuals are		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		x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			 	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		Х	
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			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١,,,	
	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	054		x	
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u>^^</u>	
20	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		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			 	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			,,	
	"Yes," complete Schedule L, Part IV	28c	37	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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	Α.	x	
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		 	
52	Schodula N. Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		 	
-	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		Х	
35 a	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				
	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?			177	
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₩	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x		
Pai	Note: All Form 990 filers are required to complete Schedule O	1 30			
	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					
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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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	-							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
b	, , , , , , , , , , , , , , , , , , , ,								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a									
	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 contributions or gifts	١							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76							
C		7c		х					
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f									
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 f 7g							
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
L	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								
_	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c	-							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· · · ·							
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

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 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	Enter the number of voting members included on line 1a, above, who are independent	4										
2												
_	officer, director, trustee, or key employee?	2	х									
3	, , , , , , , , , , , , , , , , , , ,											
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		х								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6 7-	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	_	x									
	more members of the governing body?	7a	<u>^</u>	_								
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		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37									
а	The governing body?	8a	X	77								
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		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13		Х								
14	Did the organization have a written document retention and destruction policy?	14		X								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a		Х								
b	Other officers or key employees of the organization	15b	Х									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		Х								
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	100										
17	List the states with which a copy of this Form 990 is required to be filed NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s onl	v) avail	able								
.5	for public inspection. Indicate how you made these available. Check all that apply.	0,0 0111	,, avan	2010								
	Own website Another's website X Upon request Other (explain on Schedule O)											
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fin-	noial									
19		ııu IIII	ııcıdı									
20	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records KAREN KAHN - 440-708-6008											
	7433 E. JOURNEY LN, SCOTTSDALE, AZ 85255											
	, 100 D. COCKIDI DII, DOCTIDDADD, AD COUST											

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

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

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

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

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

X Check this box if neither the organization r		orga	aniza			npe	nsat			
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	s person is both an			compensation	compensation	amount of
	week	_	Cei ai	lu a u	in ecit)/ ii us	100)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	æ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trus		ee ee	nben		(88-2/1099-181130)		and related
	below	dualt	tiona	L	loldu	st col	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID KAHN	4.00	_	 	_			_			
DIRECTOR		Х						0.	0.	0.
(2) KAREN KAHN	7.50									
PRESIDENT/CEO		Х		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								
		-								
		-								
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		ł								
		1								
		1								
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		1								
		L	L	L	L	L	L			

Form **990** (2020)

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	box offi	Position (do not check more than on box, unless person is both a officer and a director/truster			than	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate Imount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensat from the ganization nd relate ganization	e on ed
					×							
4.0								0.	0			0.
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	0.	0	•		0.
Total number of individuals (including but r compensation from the organization							no re	eceived more than \$100	0,000 of reportable			C
3 Did the organization list any former officer,			кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on		Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	d otl		the organization	3		X
 5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," com</i> 	accrue compe	nsat	ion f	from	any	/ unr				5		X
Section B. Independent Contractors 1 Complete this table for your five highest co							ors t	that received more than	\$100,000 of compe	•	from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax (year.		(C)	
Name and business	address	NO	INC	<u> </u>				Description of s	services	Comp	ensatior	1
2. Total number of independent control of	in al radio - le ratio	o+ !!	mai+ -	ما 4ء	+ b	06 !!		l abovo) who we saive the	pare then			
Total number of independent contractors (\$100,000 of compensation from the organi	· ·	IOL III	iiiite	น เป		0	siec	above, who received fr	IOIE IIIAII	Forn	990 (2	0000)

Pa	r L V	Ш			a in this Dort VIII			
			Check if Schedule O contains a respons	e or note to any iin T	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	•		Federated campaigns 1a Membership dues 1b					
m G			Fundraising events 1c	586,504.				
ifts ir A			Related organizations 1d	300,3010				
s, G			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
ber			similar amounts not included above 11	378,349.				
QĘ.		~	Noncash contributions included in lines 1a-1f	378,349.				
Son		_	Total. Add lines 1a-1f		964,853.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-11	Business Code	30170331			
o o	•	_		Dusiness Code				
Program Service Revenue	2							
Ser		b						
wer.		C						
gra Re		d						
Pro		e	All other program conting revenue					
			All other program service revenue					
	3		Investment income (including dividends, inte					
	3		other similar amounts)		11,421.		11,421.	
	4		Income from investment of tax-exempt bond					
	5		Royalties	T				
	٥		(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(1) 1 010011011				
	U		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worth line and an (loss)					
	7		Gross amount from sales of (i) Securities					
	'	а	assets other than inventory 7a	(11) 0 11 101				
		h	Less: cost or other basis					
e		J	and sales expenses 7b					
Revenue		_	Gain or (loss) 7c					
3ev		4	Net gain or (loss)					
er	٥		Gross income from fundraising events (not					
GH.	Ü	u	including \$ 586,504. of					
			contributions reported on line 1c). See					
				a 378,349.				
		h		ь 413,676.				
			Net income or (loss) from fundraising events		-35,327.			-35,327.
	9		Gross income from gaming activities. See		.,			, , , , ,
	•	-	Part IV, line 19	a				
		b	Less: direct expenses 9					
			Nick has a second of the secon					
	10		Gross sales of inventory, less returns					
			and allowances 10)a				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
<u> </u>			\	Business Code				
Miscellaneous Revenue	11	а						
ane		b						
eve		С						
Alisc R		d	All other revenue					
~			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		940,947.	0.	11,421.	-35,327.

19028_01

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon-	se or note to any line in t	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	501 001	501 001		
	and domestic governments. See Part IV, line 21	521,821.	521,821.		
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)	FO 270	00 151	20 151	10 076
7	Other salaries and wages	50,378.	20,151.	20,151.	10,076
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 000	1 (00	1 600	014
10	Payroll taxes	4,070.	1,628.	1,628.	814
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2 222	4 400	4 400	
С	Accounting	8,800.	4,400.	4,400.	
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.)	1,262.	505.	505.	252
12	Advertising and promotion	10 10 -		10 10 -	
13	Office expenses	13,407.		13,407.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,377.		1,377.	
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.)				
а	BANK FEE	440.		440.	
b	TAX & LICENSE	93.		93.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	601,648.	548,505.	42,001.	11,142
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Net assets with donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Organizations that do not follow FASB ASC 958, check here \blacktriangleright X

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

82-2661656 Page **11** Form 990 (2020) 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 22,904. 50,542. Cash - non-interest-bearing 1 1,221,204. 909,543. 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 15 932,447. 1,271,746. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 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

1,271,746. Form **990** (2020)

1,271,746.

1,271,746.

0.

28

29

31

32

0.

0.

932,447.

932,447.

932,447.

29

30

31

32

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			47.
2	Total expenses (must equal Part IX, column (A), line 25)	2			48.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	93	2,4	47.
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	L,27	1,7	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Γhe	organ	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of ch					I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative					i).		
4		A medical research organiz						the hospital's name.	
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III	
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)		
6	X	A federal, state, or local gov						nublic described in	
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(vi) (Commisto Dom	L II \				
8		A community trust describe						a alla ma	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or	
40		university:	. (4)						
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•				201 1141		
11		An organization organized	•	•	-				
12		An organization organized a		•	=		•		
		more publicly supported or	~					neck the box in	
_		lines 12a through 12d that	* *			-	_	. at ta	
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•			
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting	
		organization. You must o							
b			•					•	
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea	
		organization(s). You mus	-					1 20	
С		☐ Type III functionally inte					• •	ed with,	
		its supported organization		•					
d		☐ Type III non-functionally						` '	
		that is not functionally int	•	•	•		•	iveness	
		requirement (see instruct	· ·	-					
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.			
Т		er the number of supported o	•						
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	`	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))					
Γ∩t:	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		2,500.	652,461.	675,440.	964,853.	2,295,254.
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.	2,295,254.
	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)						111,407.
6	Public support. Subtract line 5 from line 4.						2,183,847.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4		2,500.	652,461.	675,440.	964,853.	2,295,254.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			219.	2,388.	11,421.	14,028.
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						2,309,282.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	here					<u> </u>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (14	%
15	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances to	-	•	* * * * * * * * * * * * * * * * * * * *	-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		·		•		
	organization meets the facts-and-circ						>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	istructio	$\overline{}$	<u> </u>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	, , ,			
	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	6.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0.5		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
n	- Dio the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	ed)	<u> </u>
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	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 the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount		<u> </u>	10	, , , , , , , , , , , , , , , , , , ,
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>_i</u>	Carryover from 2015 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

FORE BATTEN FOUNDATION 82-2661656

Organization type (check one):					
Filers of: Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, 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; line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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

Name of organization Employer identification number

FORE BATTEN FOUNDATION

82-2661656

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 85,100.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$31,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 23,500.	Person X Payroll

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	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOUR SEASONS MAUI ELITE SUITE		
		\$85,100.	03/04/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	THERMAL RACING EXPERIENCE, MAYACAMA 36 LODGING, QUARRY@LAQUINTA & LUNCH		
		\$\$	03/02/20
(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
		\$	
(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
		•	
000450 11 0		\$	000 000 F7 av 000 DF) (0000)

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

SCHEDULE 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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

PO:	RE BATTEN FOU	NDATION				82-26616	56
			ctivities Ou	tside the United States. Comple	te if the organ		
	Form 990, Part I						
1				ds to substantiate the amount of its gra 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 ot	ther assistance ou	tside the
3	Activities per Region. (T	he following Part		an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
IOR!	TH AMERICA			GRANTMAKING			70,000.
	Subtotal	0	0				70,000.
	Total from continuation sheets to Part I	0	0				0.
C	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) 2020

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) 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 SCIENTIFIQUE'S	70,000.		0.		
		NONTH AMERICA	SCHMITTIQUE 5	70,000.		0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country.	ı , recognized as a tax			I

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
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2020

				Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
(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) 2020

Schedule F (Form 990) 2020 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, 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
(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

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

EODE DAMMEN EOUNDAMION

Employer identification number

FORE BA	TIEN FOUNDATION				02-2001	000
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special					
d In-person solicitations	9 epsola.	rarrare	9	ovonio		
2 a Did the organization have a written of	or oral agreement with any individual	l (inclu	dina o	fficers directors tru	stees or	
key employees listed in Form 990, P						No.
b If "Yes," list the 10 highest paid indi						
compensated at least \$5,000 by the		adiit to	agroc	ornerite arider willer	the farialated to to t	
	, organization.			i		
(2) Names and address of individual		(iii)	Did	(iv) Overe versions	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)
or entity (idildraiser)		contrib	utions?	I ITOTTI activity	listed in col. (i)	organization
		Yes	No			
Total			. ▶			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
or licensing.					·	
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ	Schedule G (Form 9	90 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ${ t GOLF}$ NONE (add col. (a) through FUNDRAISER col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 964,853 964,853. 586,504 586,504. 2 Less: Contributions 378,349 378,349. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 19,332. 19,332. 6 Rent/facility costs 0. 7 Food and beverages 12,856. 12,856. 8 Entertainment 381,488. 9 Other direct expenses 381,488. 413,676. 10 Direct expense summary. Add lines 4 through 9 in column (d) -35,327. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020 032082 11-25-20

Schedule G	(Form 990 or 990-EZ) 2020 FORE BATTEN FOUNDATION 82	-266	1656	Page 3
11 Does t	he organization conduct gaming activities with nonmembers?	\square	Yes	No No
	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed ninister charitable gaming?		Yes	□ No
	te the percentage of gaming activity conducted in:		103	140
	ganization's facility	138		%
	side facility			%
	the name and address of the person who prepares the organization's gaming/special events books and records:			
Name	>			
Addres	ss >			
15a Does t	he organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes	s," enter the amount of gaming revenue received by the organization > \$ and the amount			
of gam	ning revenue retained by the third party > \$			
c If "Yes	," enter name and address of the third party:			
Name	>			
Addres	ss >			
16 Gamin	g manager information:			
Name	>			
Gamin	g manager compensation \$			
Descri	ption of services provided			
200011				
	Director/officer Employee Independent contractor			
17 Manda	atory distributions:			
a Is the	organization required under state law to make charitable distributions from the gaming proceeds to	_	,	
	the state gaming license?		Yes	└── No
	the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
Part IV	zation's own exempt activities during the tax year \$\\$\\$\$\$ \$upplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	N Dort III	linos O	0h 10h
I dit IV	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ı Fart III,	iii les 9,	90, 100,
	, , , , , , , , , , , , , , , , , , , ,			

Schedule G	(Form 990 or 990-EZ)	FORE BATTEN	N FOUNDATION	82-2661656	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	ormation (continued)			
		· · · · · · · · · · · · · · · · · · ·			
-					
-					-
-					

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

Name of the approximation

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization FORE BATTEN FOUNDATION 82-2661656 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 (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash 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 PUBLISHABLE RESEARCH (1) 46-0450378 226,828 SIOUX FALLS, SD 57104 0 TO SUPPORT THE RESEARCH THE WASHINGTON UNIVERSITY SPONSORED PROJECTS ACCOUNTING. FOR THE PURPOSE OF CAMPUS BOX 1034,700 ROSEDALE AVE DISCOVERING AND MAKING SAINT LOUI AVAILABLE TO THE PUBLIC 43-0653611 110,990 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 44,002 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 70,000

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

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

Schedule I (Form 990) 2020

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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 SUPPORT AND PROMOTE THE PURSUIT								
OF THE HIGHEST CALIBER, PUBLISHABLE RESEARCH (1) RELATING TO THE								
DEVELOPMENT/DELIVERY OF QUALITY MEDICAL AND HEALTH CARE SERVICES, (2)								
ADVANCING MEDICAL OR SCIENTIFIC KNOWLEDGE AND SKILLS, AND/OR (3)								
BENEFITING THE EDUCATION OF HEALTH SCIENCE STUDENTS, RESIDENTS, HEALTH								
PROFESSIONALS AND THE GENERAL PUBL	PROFESSIONALS AND THE GENERAL PUBLIC							

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

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)	Matha	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on		d of determi ontribution a	•	re
		• •		Form 990, Part VIII, line 1g			arriourit	
1	Art - Works of art	X	2	1,050.	AUCTION	PRICE		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		244.	AUCTION	PRICE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	27		AUCTION			
19	Food inventory	X	14	13,605.	AUCTION	PRICE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • (ACTIVITIES)	X	169		AUCTION			
26	Other ► (HOTELS/LODGIN)	X	28	131,538.	AUCTION	PRICE		
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part V, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rep	ported in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be i	used for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31						31		Х
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
ТΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	n	Scho	dule M (For	m 990	1 2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

FORE BATTEN FOUNDATION

Employer identification number 82-2661656

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATE THE PUBLIC ABOUT AND TO OBTAIN FUNDING FOR RESEARCH TO CURE
RARE DISEASES, INCLUDING SPECIFICALLY JUVENILE BATTEN DISEASE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BATTEN DISEASE.
FORM 990, PART VI, SECTION A, LINE 2:
DAVID KAHN, DIRECTOR
KAREN KAHN, PRESIDENT
FAMILY
MARLENA KAHN, SECRETARY
DAVID KAHN, DIRECTOR
JENNIFER MCGINN, DIRECTOR
FAMILY
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. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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 PRESIDENT/CHIEF OPERATING OFFICER, WHO REVIEWS

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

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

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

032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

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 F	EDERAL TAX
EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH AC	COMPLISH ONE OR
MORE OF ITS TAX-EXEMPT PURPOSES.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE ORGANIZATION PERIODICALLY REVIEWS WHETHER ANY COMPENS	ATION ARRANGEMENTS
AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY IN	FORMATION, 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 REQ	UEST.