Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

G **Open to Public**

OMB No. 1545-0047

Inspection

Inte	ernal Re	venue Serv	vice)	Go to wi	vw.irs.gov/Fo	orm9	90 for ir	nstructions	and th	ne latest info	ormation.			Inspec	tion
A	For t	he 2020	calenda	ar year, or t	ax yea	r beginning	I		07	/01,2020), and e	ending		0	6/30, 2	o 21	
_			C Name	of organization	on								D Employer	identific	ation num	ber	
в	Check if	applicable:	MOU	RNING F	AMIL	Y FOUNI	DATION,	INC					65-1	07598	3		
		dress inge	Doing	business as									-				
		me change	Numb	er and street	(or P.O). box if mail i	s not delivered	to stre	eet addres	ss)	Room	/suite	E Telephon	e numbei			
	-	ial return	100	S. BIS	CAYN	E BLVD					3R	D FL	(305)	476-	0095		
	Fin	al return/					and ZIP or fore	eign p	ostal cod	e	_		(,	-			
	Am	minated ended	-	MI, FL	-	-		0 1					G Gross red	eints \$	1	.435	,454.
	reti App	olication		and address			TINA	BRC	NWN				H(a) Is this a			Yes	XNC
	per	nding		E AS "C		•	1 1 1 1 1	Ditt	//11				subordi	nates?		Yes	
-	Тохи	exempt st	L							40.47(-)(4)		507	H(b) Are all s		a list. See ins		
÷				X 501(c)(3		501(c) () ◀ (in DATION.O		10.)	4947(a)(1)) 01	527	_				
J						1		I I	011-00				H(c) Group				FL
ĸ		-		X Corporat	tion	Trust	Association		Other	•	L	Year of form	ation: 2001	WI State	e of legal d	omicile:	ГЦ
	Part		mmary							EMDOR	זאד כוקו		TIDOUCI				
	1						or most signif	ficant	t activitie	s: EMPON	LERIN	G IOUIH	THROUGH	. ADV	JCACI,		
		EDU	CATIO	N, AND	ENRI	CHMENT.											
22	3																
Governance	2		this box			0							% of its net as		1		0.7
																	27.
Activities &	<u></u> 4																27.
i+i,	5																0.
÷	6																0.
4	1																0.
		b Net ur	nrelated	business ta	xable i	ncome from	Form 990-T	, Par	t I, line 1	1				. 7b			0.
													Prior Yea			rrent Y	
d	, 8	Contri	ibutions	and grants ((Part VI	III, line 1h)							7,844,	594.	1	,435	,454.
	9	Progra	am servi	ce revenue (Part VI	II, line 2g)								0.			0.
Pavania	10	Invest	ment in	come (Part	VIII, co	lumn (A), lii	nes 3, 4, and	7d)						0.			0.
	11	Other	revenue	e (Part VIII,	columr	n (A), lines 5	5, 6d, 8c, 9c, [•]	10c,	and 11e)				0.			0.
_	12	Total	revenue	- add lines	8 throu	ugh 11 (mu	st equal Part	VIII, d	column (A), line 12)			7,844,		1	,435	,454.
	13	Grant	s and si	milar amoun	its paid	(Part IX, co	lumn (A), line	es 1-:	3)				75	000.			0.
	14	Benef	its paid	to or for me	mbers ((Part IX, col	umn (A), line	4)						0.			0.
g	15						nefits (Part IX						57	294.			440.
Evnancae	16	a Profes	ssional f	undraising fe	ees (Pa	art IX, colum	in (A), line 11	e) .						0.			0.
947	2						(D), line 25)			21,192							
ц	17	Other	expense	es (Part IX,	column	(A), lines 1	1a-11d, 11f-2	24e)					7,505,	755.		43	,514.
	18	Total	expense	s. Add lines	13-17	(must equa	al Part IX, colu	umn	(A), line	25)			7,638,	049.		43	,954.
	19						m line 12						206,	545.	1	,391	,500.
Net Assets or	ces												inning of Curr	ent Year	En	d of Yea	ar
sets	20	Total a	assets (F	Part X, line 1	6)								988	476.	5	,671	,302.
As.	21												1,157,	039.			0.
Net	22						1 from line 20						-168,	563.	5	,671	,302.
	art I		gnature														
													and to the be	st of my	knowledge	e and b	elief, it is
tru	ue, cor	rect, and	complete	. Declaration	of prepa	arer (other tha	an officer) is ba	ased c	on all info	rmation of wh	nich pre	parer has any	knowledge.				
													04	/18/2	2022		
	gn	F 5	Signature	of officer									Date				
He	ere		TINA	BROWN						EXECUI	TIVE	DIRECTO	R				
		🕨 T	ype or pr	int name and	title												
		Print/	Type pre	parer's name			Preparer's s	signat	ure		Da	ite	Check	if	PTIN		
Ра	id	LIN	DSEY	PIGG			Lindo	res	- Pisa	-/	04	4/22/202	2 self-em		P012	26892	23
	epare	r Eirm's		►BDO US	SA, T	LP	Up vi la lo	J	-02	<u>></u>			Firm's EIN				-
Us	e Onl	у ———	, name	-			TE 685 BOCA	סאידע	ז דים זאר	23432			Phone no.		-909-2		
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_	-						ate instruction		: (355]	1311 40110/18	·/ • • •					/es 99(<u>No</u> (2020)
ΓŬ	ггар	GIWUIK	Neudoli	ON ACT NUL	, 386	s une separa		113.							гO	- 33 (• (2020)

			NG FAMILY FOUNDATION, INC	65-1075983	
-	n 990 (202	,			Page 2
Pa	art III	Statement of Program Service		art III	X
1	Briefly d	escribe the organization's mission			• •
	2	0	A NON-PROFIT ORGANIZATION	FOUNDED BY	
	ALONZC	AND TRACY MOURNING, P	ROVIDES A MULTITUDE OF OP	PORTUNITIES TO	
			N AND FAMILIES IN THE SOU	TH FLORIDA	
			CONTINUED ON SCHEDULE O)		
2	prior Fo	rm 990 or 990-EZ?	ficant program services during the y		X No
		describe these new services on S			
3	services	?	, or make significant changes in		X No
		describe these changes on Scheo		ite three langest another services as a service	
4	expense		(4) organizations are required to re	its three largest program services, as measu port the amount of grants and allocations to	
4a	(Code:) (Expenses \$	o. including grants of \$	0.) (Revenue \$ 0.)	
			G TO THE OVERTOWN YOUTH C		
	HONEY	SHINE WHO ARE CURRENTL	Y SERVING OVER XXX STUDEN	TS FROM 2ND	
	GRADE	TO AGE 25, WHO RESIDE	IN SOUTH FLORIDA AND ATTE	ND SCHOOLS IN	
	THE AR	EA.			
			ONTINUE TO BE BASED ON FO	UR HIGHLY	
		IVE PROGRAM COMPONENTS			
			S METHOD OF SERVICE DELIV		
			INGFUL RELATIONSHIPS WITH		
	THEIR	FAMILIES BASED ON MUTU.	AL RESPECT. (CONTINUED ON	SCHEDULE ()	
<u>4</u> h	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
70	(0000) (Expenses ©) (Revenue \$)	
4c	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)	
A -1	Others	param panuiasa (Deserite en Ost			
40	(Expense	ogram services (Describe on Sch es \$ including gra	-	ie \$)	

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Part	IV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	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		Х
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? If "Yes,"			
	complete 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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Х	
	complete Schedule D, Part VI	11a	Λ	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		x
~	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	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			v
47	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	47		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 822 /f "Yes." complete Schedule G. Part //	10	Х	ĺ
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
19	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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	V Checklist of Required Schedules (continued)		Maa	N -
~~	Did the energiantian report more than \$5,000 of events or other excitations to be for demonstic individuals or		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		Λ
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
_+u	\$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?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled 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		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
- h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
U	controlled entity within the meaning of contion 512/b)/12)2 If "Vee" complete Schedule D. Dart V. line 2			X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
ы 36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35D 36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
36 37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>			x x
36 37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36 37	v	
36 37 38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . 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.	36	X	
36 37 38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . 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. V Statements Regarding Other IRS Filings and Tax Compliance	36 37 38		
36 37 38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . 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.	36 37 38		X
36 37 38 Part	 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>. 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. 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 	36 37 38		
36 37 38 Part 1a	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. 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. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.	36 37 38		x
36 37 38 Part 1a b	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. Did the organization complete Schedule O complete Schedule O. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. Ib 0.	36 37 38		x
36 37 38 Part 1a b	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. 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. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.	36 37 38		x

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Par	t 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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7a		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10				
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

	Form	990	(2020)
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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 instruction	ons.		
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction Check if Schedule O contains a response or note to any line in this Part VI			
Section A	. Governing Body and Management			

				Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a	27			
1a	Enter the number of voting members of the governing body at the end of the tax year				
	if the governing body delegated broad authority to an executive committee or similar				
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith			
2	any other officer, director, trustee, or key employee have a family relationship of a busiless relationship w		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the dir				
•	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		Х
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	Did the organization have members, stockholders, or other persons who had the power to elect or appo	oint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	ers,			
	stockholders, or persons other than the governing body?	-	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur	ing			
	the year by the following:			37	
а	The governing body?		8a	X	
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	•		x
Sacti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9 2000)	21
Jecu	on B. Toncies (This Section B requests information about policies not required by the internal Nevel	iue (2000	.) Yes	No
102	Did the organization have local chapters, branches, or affiliates?	Γ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	• •			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a			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 g				
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		45-		х
a	The organization's CEO, Executive Director, or top management official	• F	15a 15b		X
b	Other officers or key employees of the organization	•	15b		
40-	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 arrangem 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	• •			
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard t				
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure				1
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\text{FL}}$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		,000		5.(5)

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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► MOURNING FAMILY FOUNDATION INC 100'S BISCAYNE BLVD, 3RD FL MIAMI, FL 33131 305-476-0095

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box, office	unles r and	neck ss pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) TINA BROWN	1.00									
EXECUTIVE DIRECTOR	41.00			Х				0.	157,609.	0.
(2) STEPHEN A. MARINO, JR.	1.00									
CHAIRMAN	2.00	x		Х				0.	0.	0.
(3) SHEVRIN JONES	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(4) CANDY M. SICLE	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(5) ANDRES ASION	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(6)MICHELLE FEBRES	1.00									
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(7) SABRINA GALLO	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8)ALLEN FURST	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(9) SHAWN ALEXANDER	1.00									
TREASURER	2.00	Х						0.	0.	0.
(10) JASON STERNBERG	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(11)NATASHA HAMPTON	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(12) STEPHEN BOUCHER	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(13)LINDA COLL	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(14) RON BOOK	1.00									
DIRECTOR	2.00	Х						0.	0.	0.

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P	(A)	(B)	ľ	•	, (C				(D)	ed Employees (co		(F)
	Name and title	Average hours per week (list any hours for	box, office	not ch unles er and	Posif ieck r s per l a di	tion more son irecte	than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Est amo comp	imated ount of ther ensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization related nizations
. 5) SALO GROSFELD	1.00										
	DIRECTOR	2.00	Х						0 .	0.		
- 6) MICHAEL FUX	1.00										
	DIRECTOR	2.00	Х						0.	0.		
.7) JEFFREY FRATARCANGELI MANAGING DIRECTOR	1.00 2.00	X						0.	0.		
. 8) MICHAEL ROSE	1.00										
	DIRECTOR	2.00	X						0.	0.		
9) ALBERT E. DOTSON	1.00									-	
	DIRECTOR	2.00	X						0.	0.		
0) JACKIE MANSFIELD	1.00										
	DIRECTOR	2.00	Х						0.	0.		
1) ELISE SCHECK BONWITT	1.00										
	DIRECTOR	2.00	X						0.	0.		
2) ASHLEY PERKINS	1.00										
	DIRECTOR	2.00	Х						0.	0.		
3) MATTHEW ROTH	1.00										
	DIRECTOR	2.00	х						0	0.		
4) PAUL A. SHELOWITZ	1.00										
	DIRECTOR	2.00	Х						0.	0.		
5) RUSSELL H. BROOKE	1.00										
	DIRECTOR	2.00	x						0.	0.		
1	b Sub-total								0.	157,609.		
	c Total from continuation sheets to Part VII, S	Section A	• • •	• • •					0.	0.		
	d Total (add lines 1b and 1c)				• •	• • •			0.	157,609.		
2					d ah		who	re				
	reportable compensation from the organizatio		0.				<i>,</i> , , , , , , , , , ,			¢100,000 01		
												Yes
3	Did the organization list any former office	or directo	r or	tru	etoc	ا د		mn	lovee or highes	t companyated		
	employee on line 1a? If "Yes," complete Sched										3	
,												
4	For any individual listed on line 1a, is the organization and related organizations gr											
	individual										4	Х
-												
5	Did any person listed on line 1a receive or for services rendered to the organization? If "										5	
	ion services renuered to the organization? If i	es, comple	10 301	ieuu	ie J	101	SUCIT	pers	3011		5	

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 3	e listed above) who received	

(A)		<u>,,</u>	טיקי				_	ed Employees (c	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	s pe d a d	ition more t rson is irector	han one both an	from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) GREGORY DEUTCH DIRECTOR	1.00	x					0.	0.	
) MAGDA J. CASTINEYRA DIRECTOR	1.00	x					0.	0.	
) JODI A. SILVA DIRECTOR	1.00 2.00	x					0.	0.	
) ERIC JAMES VAINDER DIRECTOR	1.00 2.00	x					0.	0.	
) ROD ADKINS DIRECTOR (BEG 12/20)	1.00 2.00	x					0.	0.	
) JACQUELYNN POWERS DIRECTOR (BEG 12/20)	1.00 2.00	x					0.	0.	
) DR. JAYNE A. KLEIN DIRECTOR	1.00 2.00	x					0.	0.	
) JERRY POWERS DIRECTOR (END 7/20)	1.00 2.00	x					0.	0.	
 b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c) Total number of individuals (including bu reportable compensation from the organi 	t not limited to t		iste		bove)	who	0.	0. \$100,000 of	
Did the organization list any former		ch ind	ividu	Jal		• • •			Yes 3
employee on line 1a? If "Yes," complete S	the sum of rep	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .							
employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is organization and related organization individual	s greater than	\$15	0,0	00?					4 X
employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is organization and related organization <i>individual</i> Did any person listed on line 1a receiv for services rendered to the organization?	s greater than ve or accrue co	1 \$15 mpen:	0,00 satio	00? on f	rom	any u	nrelated organizatio	on or individual	4 X 5 -
employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is organization and related organization individual. Did any person listed on line 1a receiv for services rendered to the organization? ection B. Independent Contractors	s greater than ve or accrue co ? If "Yes," comple t compensated in	\$15 mpena te Sch	sationedu ende	00? on f <i>ile J</i> ent c	rom for s	any u such pe	nrelated organizatio	on or individual	5 f
employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is organization and related organization <i>individual</i> Did any person listed on line 1a receiv for services rendered to the organization? ection B. Independent Contractors Complete this table for your five highest compensation from the organization. Re	s greater than ve or accrue co ? <i>If "Yes," comple</i> t compensated in port compensati	\$15 mpena te Sch	sationedu ende	00? on f <i>ile J</i> ent c	rom for s	any u such pe	nrelated organizatio	on or individual than \$100,000 o nin the organization	5 f
employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is organization and related organization <i>individual</i> . Did any person listed on line 1a receiv for services rendered to the organization? ection B. Independent Contractors Complete this table for your five highest compensation from the organization. Re year. (A)	s greater than ve or accrue co ? <i>If "Yes," comple</i> t compensated in port compensati	\$15 mpena te Sch	sationedu ende	00? on f <i>ile J</i> ent c	rom for s	any u such pe	nrelated organization erson that received more ending with or with (B)	on or individual than \$100,000 o nin the organization	f n's tax (C)

more than \$100,000 in compensation from the organization **>**

Form 990 (2020)

		Check if Schedule O contains a respon	se or note to any	/ line in this Part V	/111		
		· · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŝ	1a	Federated campaigns 1a					
ant	b	Membership dues					
ຉຬ	c	Fundraising events	15,198.				
fts, r A	d	Related organizations					
ila	e	Government grants (contributions)	120,256.				
Sin's	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts	.	and similar amounts not included above 1	1,300,000.				
the	g	Noncash contributions included in					
d O	5	lines 1a-1f	6				
an Co	h	Total. Add lines 1a-1f		1,435,454.			
			Business Code				
8	2a						
e ri	b						
Se	c b						
am eve	d						
Pg.							
Program Service Revenue	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
		other similar amounts).		0.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	· /	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
P	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Sev	с	Gain or (loss) 7c					
	d	Net gain or (loss)	<u></u>	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$15,198.					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from fundraising events.	<u></u> ▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities.	· · · · · · ►	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory		0.			
sn			Business Code				
oeu	11a						
ven	b						
Miscellaneous Revenue	c						
Mi	d	All other revenue					
		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	🕨	1,435,454.			<u> </u>

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ection 501(c)(3) and 501(c)(4) organizations must	complete all columns	All other organizat	ions must complete colun	nn (Δ)
Check if Schedule O contains a respo			· · · · · ·	
o not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	440.		220.	22
8 Pension plan accruals and contributions (include section 401/k) and 403/b) employer contributions)	0.			
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
0 Payroll taxes				
1 Fees for services (nonemployees):	0.			
a Management	0.			
b Legal	0.			
c Accounting				
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
2 Advertising and promotion	0.			
3 Office expenses	126.		63.	6
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	34,274.		17,137.	17,13
7 Travel	0.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	0.			
	0.			
Payments to affiliates Deprovision depletion and amerization	0.			
2 Depreciation, depletion, and amortization	5,852.		2,926.	2,92
3 Insurance	5,052.		2,520.	2,72
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	1 570		1 570	
a FEES AND MEMBERSHIPS	1,572.		1,572.	
bLICENSES AND PERMITS	212.		106.	10
cOTHER EXPENSES	1,478.		739.	73
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	43,954.		22,763.	21,19
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and functional control instantion. Check here, because the second s				
fundraising solicitation. Check here 🕨 🔰 if				

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Page	1	1
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		(A) Beginning of year		(B) End of year
4	Cook non interest bearing	177,711.	1	1,724,492
1	Cash - non-interest-bearing	0.		0
2	Savings and temporary cash investments.	92,892.	2	3,068,468
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net.	0.	4	0
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	0.	-	0
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined	0		0
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.		0
7 8	Notes and loans receivable, net	0.	7	0
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	0.	9	0
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 928,035.			050 040
	Less: accumulated depreciation 10b 49,693.	680,585.		878,342
11	Investments - publicly traded securities	0.	11	C
12	Investments - other securities. See Part IV, line 11	0.	12	C
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	37,288.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	988,476.	16	5,671,302
17	Accounts payable and accrued expenses	0.	17	C
18	Grants payable	0.	18	C
19	Deferred revenue.	0.	19	0
20	Tax-exempt bond liabilities.	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	C
23	Secured mortgages and notes payable to unrelated third parties	0.	23	C
24	Unsecured notes and loans payable to unrelated third parties	0.	24	C
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	1,157,039.	25	C
26	Total liabilities. Add lines 17 through 25	1,157,039.	26	C
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-280,129.	27	230,606
28	Net assets with donor restrictions	111,566.	28	5,440,696
27 28 29 30 31	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	-168,563.	32	5,671,302
33	Total liabilities and net assets/fund balances	988,476.	33	5,671,302

Form 990 (2020)

Form 99	0 (2020)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	35,4	154.
2	Total expenses (must equal Part IX, column (A), line 25)					954.
3	Revenue less expenses. Subtract line 2 from line 1	3				500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-1	68,5	563.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4,4	48,3	365.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5,6	71,3	302.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			• •		X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	piain	in			
	Schedule O.			•		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · ⊢	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			2b	х	
b	Were the organization's financial statements audited by an independent accountant?		· · -	20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on	ia			
	Separate basis, consolidated basis, or both.					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove			2c	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta		•• F	20		
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	on			
9.5	Schedule O.	h i~ +	ha			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMP Circular A 1323	in m t		3a		Х
h	Single Audit Act and OMB Circular A-133?	• • • •	· · -			
u	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b		
	required addit of addite, explain why on conclude of and accorbe any stope taken to undergo sach ad					

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2

		nt of the Treasury evenue Service		Go to www.irs.go	v/Form990 for instruction			information.	Open to Public Inspection
Nam	e of t	he organization						Employer identif	ication number
MO	URN	ING FAMILY	FOUNDATIO	ON, INC.				65-10759	83
	rt I				•			art.) See instruction	S.
	org				t is: (For lines 1 through				
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			-		rganization described				
4			-	-	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nan							
5		-	-		a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
6		•		Complete Part II.)	romantal unit dagariba	d in coo	tion 170/	·	
6	х		-	-	rnmental unit describe				om the general public
7	A	-		(1)(A)(vi). (Compl		ирроп п	om a go	vernmental unit of in	om the general public
8					o)(1)(A)(vi). (Complete	Dort II)			
9				-				in conjunction with a	land-grant college
3		-		-			-	name, city, and state o	
		university:		grant concyc or a		10113). L		name, ony, and state o	The conege of
10		An organization receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt for the sent income and u in after June 30, 1	functions, subject to c nrelated business tax 975. See section 509	ertain e: able inco (a)(2). (0	xceptions ome (les Complete		n 331/3 % of its
11		•	•		usively to test for publ				
12		-	-	-		-			carry out the purposes
									See section 509(a)(3).
				-				-	nes 12e, 12f, and 12g.
а				•	•	•		orted organization(s),	
			•	., .	• • • • •		ajority of	f the directors or truste	ees of the
	Г		•		te Part IV, Sections A				
b								supported organizati	
			-		, Sections A and C.	the sam	ie persor	ns that control or mar	lage the supported
	Г	-		-		atad in a	onnoctio	n with, and functiona	lly intograted with
С					ns). You must comple				ny megrateu with,
d			-					ection with its suppor	ted organization(s)
u		••				•		oution requirement and	• • • • •
			•	•	omplete Part IV, Sect			•	
е	Γ		`	,	• •			hat it is a Type I, Type I	II. Type III
•			-		ionally integrated sup				., ., .,
f	En		•	•••			•		
g				-	orted organization(s).				
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	-	our governing iment?	support (see instructions)	other support (see instructions)
						Yes	No	instructions)	matructionay
(A)									
(~)									
(B)									
(C)									
(D)									
(E)									
Tot	al								
For	Pape	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

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	tion 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.")	2,032,977.	3,701,108.	6,903,428.	7,844,594.	1,435,454.	21,917,561.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,032,977.	3,701,108.	6,903,428.	7,844,594.	1,435,454.	21,917,561.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						7,613,510.
6	Public support. Subtract line 5 from line 4						14,304,051.
	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 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,032,977.	3,701,108.	6,903,428.	7,844,594.	1,435,454.	21,917,561.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						21,917,561.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (lin		· · · · ·			14	65.26%
15	Public support percentage from 2019					15	68.19 %
16a	331/3% support test - 2020. If the org	•					
_	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
47-	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-					
	Part VI how the organization meets					•	•
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
U	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets					-	
	organization			-			
18	Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						<u> 🟲 📖</u>

Schedule A (Form 990 or 990-EZ) 2020

Page 3

Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion 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	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		1	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
•-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						►
Sec	tion C. Computation of Public Supp	port Percenta	ge				
15	Public support percentage for 2020 (line 8,	, column (f), divid	ed by line 13, colu	umn (f))		15	%
16	Public support percentage from 2019 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perc	centage				
17	Investment income percentage for 2020 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the or	ganization did r	ot check the b	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation . 🕨 📃
b	331/3% support tests - 2019. If the orga	anization did not	check a box or	n line 14 or line '	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check		-	•		•••	
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	1 1.000				S	Schedule A (Form 9	
	4000SX YJ4H 4/22/2022 3	:U8:28 PM	v 20-7.19	,			PAGE 1

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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.*
- **10 a** 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.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)		Yes	N
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		
Secti	on 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.
- 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.

Section 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).
 Image: Control organization was vested in the same persons that controlled or managed the supported organization(s).
 Image: Control organization was vested in the same persons that controlled or managed the support of organization(s).
 Image: Control organization was vested in the same persons that control w

Section 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
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 (se	e instru	uctions	s).	
-	•		ſ	Yes	No	
2	Activ	vities Test Answer lines 2a and 2b below.				

-		1 1	1	
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 a substituties of the directly furthered to a support of the directly furthered to			
	that these activities constituted substantially all of its activities.	2a	⊢ − −	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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			
D	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2020 PAGE 19

1

2

Page 5

	MOURNING FAMILY FOUNDATION, INC.		65-	1075983
Sch	edule A (Form 990 or 990-EZ) 2020			Page 6
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizatior	ns	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (<i>expla</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Sectio	ns A through E.
Se	ction 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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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		
Se	ction 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

	le A (Form 990 or 990-EZ) 2020				Page 7
Part		Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex		-	1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(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		I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
<u> </u>	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	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				
a b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
 5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				
					A (Form 000 or 000 E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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

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

MOURNING FAMILY FOUNDATION, INC.

Employer identification number

65-1075983

Organization	type	(check	one)):
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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

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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).

Employer identification number 65-1075983

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MIAMI DADE COUNTY/ AUDREY M. EDMONSON	_	Person X Payroll
	5400 NW 22ND AVE BLDG B MIAMI, FL 33142	\$1,005,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BOICH COMPANIES, LLC	_	Person X Payroll
	41 SOUTH HIGH STREET, SUITE 3750	\$100,000.	Noncash (Complete Part II for
(2)	SOUTH COLUMBUS, OH 43215	(c)	noncash contributions.) (d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	MARK FISHER 301 W. 41ST STREET, SUITE 300	\$150,000.	Person X Payroll Noncash
	MIAMI BEACH, FL 33140	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

JSA

Name of organization MOURNING FAMILY FOUNDATION, INC.

Employer identification number 65–1075983

(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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

JSA

ame of organi	zation MOURNING FAMILY FOUNDA	TION, INC.		Employer identification number 65-1075983			
(10 the co	<i>clusively</i> religious, charitable, etc.) that total more than \$1,000 for following line entry. For organization ntributions of \$1,000 or less for the	the year from any o ions completing Part e year. (Enter this inf	one contributor. Co III, enter the total o ormation once. Se	ibed in section 501(c)(7), (8), or omplete columns (a) through (e) a f <i>exclusively</i> religious, charitable, e			
(a) No.	e duplicate copies of Part III if addit	•					
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
		(e) Transfe	er of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee			
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
_							
	Transferee's name, address, ar	(e) Transfe		nhin of transforor to transforoe			
-				ship of transferor to transferee			
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
-							
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee			
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
_							
-	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee			
-							
				Schedule B (Form 990, 990-EZ, or 990-PF) (

JSA

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

SCHEDULE D		Supplem	ental Financia	Statements		OMB No. 1545-0047
(Form 990)			the organization answer		•	୭ ଲ 2 ୮
		Part IV, line 6, 7,	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	Attach to Form 99 Form990 for instruction		ation.	Open to Public Inspection
	e of the organization				Employer identific	
MOU	JRNING FAMILY	FOUNDATION, INC.			65-10759	83
Pa		tions Maintaining Donor Adv			Accounts.	
	Complete	e if the organization answered				
			(a) Donor advi	sed funds	(b) Funds and	d other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	ion inform all donors and donor				
6	-	nization's property, subject to the on inform all grantees, donors, a	-	-		
0	-	e purposes and not for the bene				
		nissible private benefit?				
Pa		tion Easements.				
		e if the organization answered	"Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of con	servation easements held by the	organization (check all	that apply).		
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation o	of a historically in	nportant land area
		of natural habitat		Preservation o	of a certified histo	oric structure
		n of open space				
2		through 2d if the organization he	eld a qualified conserv	ation contribution in t		
		last day of the tax year.		-		e End of the Tax Year
a		onservation easements			2a	
b	-	tricted by conservation easements			2b	
C		vation easements on a certified			2c	
d		rvation easements included in (c			2d	
3		isted in the National Register rvation easements modified, tra				anization during the
5	tax year ►				lated by the org	Jamzation during the
4		where property subject to conse	rvation easement is loc	ated ►		
5		ation have a written policy reg			on, handling of	
		orcement of the conservation ea			-	Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of viola	tions, and enforcing c	conservation easer	ments during the year
	▶					
7		es incurred in monitoring, inspec	ting, handling of violation	ons, and enforcing co	nservation easer	nents during the year
	▶\$					
8		vation easement reported on line 2				
•	and section 170(h))(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·		
9		ibe how the organization reports d include, if applicable, the text of			•	
		counting for conservation easeme		rganization's financia		describes the
Pa		tions Maintaining Collections		easures, or Other	Similar Assets	
		e if the organization answered				-
1a	· · · ·				statement and	balance sheet works
iu	of art, historical t	n elected, as permitted under FA treasures, or other similar asse	ts held for public ext	nibition, education, o	or research in f	urtherance of public
h	•	Part XIII the text of the footnote				anno choot worke of
b		n elected, as permitted under Fasures, or other similar assets he				
	provide the follow	ing amounts relating to these iter	ns:			•
		ded on Form 990, Part VIII, line 1				
		ed in Form 990, Part X				
2	•	n received or held works of a			ssets for financi	al gain, provide the
	-	s required to be reported under F.	•			
а	Revenue included	on Form 990. Part VIII. line 1.			▶ 9	5

. . . .

For Pap	erwork Re	duction	Act Notice,	see the	Instructions	for Forn	n 9	90.
JSA 0E1268 1.	000							
4	4000SX	YJ4H	4/22/20	22	3:08:28	PM	V	20-7.19

. . . .

Assets included in Form 990, Part X.

b

Schedule D (Form 990) 2020

▶ \$

Iter the productions documentation of Art, Historical Treasures, or Other Similar Assets (continued) a Using the organization's accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a a Provide a description of thure generations d Lean or exchange program c Provide a description of thure generations e Other a Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part VI Excreme and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Test set the organization's and part, trustee, custodian or other intermediary for contributions or other assets not include an of part XII. Test set the organization and part X2? Yes No b H'Yes', explain the arrangement in Part XII. Addition during the year. 1d Endowment funds. c Enginning Dalance 1f Addition and part X2. Yes No b H'Yes', explain the arrangement in Part XII. Check hore if the	Scheo	ule D (Form 990) 2020		ion, inc.		Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): d Lean or exchange program a Public exhibition e Other c Preservation for future generations d Lean or exchange program c Preservation for future generations d Data or exchange program c Preservation for future generations d Data or exchange program c Preservation for future generations detections No c Preservation of the organization assess that the organization's collection? No c Batter organization assess receive donations or other intermediary for contributions or other assets not include of Form 990, Part X1, line 21. No d Is the organization an asset rule, custodial arrangement in Part XIII and complete the following table: Imount Ves No b If 'Sec, 'sequinit the arrangement in Part XIII and complete the explanization asset or or custodial account liability? Ves No d Datter organization in adjust XIII. Check here if the explanization has been provided on Part XIII. Preserves on custodial account liability? Ves No f Morther organization answe	-		ections of Art, Histo	rical Treasures,	or Other Similar A	
collection items (check all that apply): d Loan or exchange program a						
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ives No Part IV Ecorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990 Part X? Include on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the organization include an amount on Form 990, Part X, line 21, for exervion or custodial account tability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization include an amount on Form 990, Part X, line 21, for exervion and (0) Three years back (e) Four years back Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1					Ū.	Ū
c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection?	а	Public exhibition	d	Loan or exchan	ige program	
c Provide a description for future generations 4 Provide a description of the organization's collections and explain how they further the organization's event purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е	Other		
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No PartW Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Inc. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, inc. Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Inc. Amount Inc. Inc. No c Beginning balance Id No Id No c Indiance Id No Inc. No Id No No No No No No No	с	Preservation for future generations				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PartIV Excrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X. line 21. C Beginning balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2111 Exclusions for facilities and propriate the explanation has been provided on Part XII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2213 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2314 Endowment Funds. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 232 End of year balance. Image: Complete if the organiza	4		s collections and expla	ain how they furth	er the organization	's exempt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No bit "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No bit "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization an anount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization and programs and losses . Image: Complete if the organization and programs and losses . Image: Complete Complete if Complete if Complete Compl		·			-	
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Part IV Escrow and Custodial Arrangements. Complete if the organization an severed "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?, No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Image: Amount of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Output Image: Amount in the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Constructions Image: Amount in Part XIII. Check here if the explanation in the organization answered 'Yes' on Form 990, Part IV, line 10. Constructions is an organization for the organization for the organization fore organization for explare balance. Image: Amount						
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year. 1d 1d e Intervention of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year block ia Beginning of year balance ib (c) Current year (a) Current year (b) Prior years block ia Grants or scholarships	Ра			-		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions during the arrangement in Part XIII and complete the following table: C Beginning balance Image: Contributions during the year. Image: Contret year. Image: Contret year. Image:				m 990, Part IV, li	ne 9, or reported a	in amount on Form
included on Form 930, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year. 1d e Distributions during the year. 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization be the organization be the organization be the addition of part Malifies and processes						
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	1a	Is the organization an agent, trustee, cus	todian or other interm	ediary for contrib	outions or other ass	ets not
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance		included on Form 990, Part X?				Yes No
c Beginning balance Ic d Additions during the year, Id e Distributions during the year, Id e Distributions during the year, Id d Additions during the year, Id e Distributions during the year, Id d Additions during the year, Id d Distributions during the year, It d Additions during the year, It d Distributions during the year, It d Distributions during the year, It e Distributions during the year, It PartV Endowment Funds. It Complete if the organization answered "Yes" on Form 990, Part IV, line 10. It Ta Beginning of year balance, (a) Current year b Contributions	b	If "Yes," explain the arrangement in Part X	III and complete the fo	lowing table:		
d Additions during the year						Amount
e Distributions during the year Ite f Ending balance Ite 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Three years back (e) Four years back for the organization that set set set set set set set set set se	С	Beginning balance		1	c	
f Ending balance	d	Additions during the year		1	d	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b II 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions	е	Distributions during the year		1	e	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Boginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses	f	Ending balance		1	f	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or	custodial account lia	ability? Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Second S	b	If "Yes," explain the arrangement in Part X	III. Check here if the e	xplanation has beer	n provided on Part XII	I
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	Ра					
1a Beginning of year balance		Complete if the organization an	swered "Yes" on For			
b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities and programs Image: Contributions Image: Contributions Image: Contributions f Administrative expenses Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance		(a) Cu	urrent year (b) Pric	r year (c) Two y	/ears back (d) Three y	vears back (e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance				
and losses	b					
and losses	с	Net investment earnings, gains,				
d Grants or scholarships		and losses				
and programs	d					
f Administrative expenses	е	Other expenditures for facilities				
g End of year balance		and programs				
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land,	f	Administrative expenses				
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b □ 3a(ii) □ 4 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (cother) (c) Accumulated depreciation (d) Book value Ia Land, 4 49,693 49,693 49,693 49,693 b Buildings 4 49,693 49,693 49,693 49,693 c Leasehold improvements 49,693 49,693 878,342 878,342	g	End of year balance				
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization are the related organization's endowment funds. (i) Cost or other basis <			urrent year end balanc	e (line 1g, column (a	a)) held as:	
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land. 49, 693. 49, 693. 49, 693. 49, 693. 4 Equipment. 49, 693. 49, 693. 878, 342. 878, 342. a Keiter and the state as the state	а	o	%			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation de						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. 4 b Buildings (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 4 Description of property (a) Cost or other basis (other) (other) (d) Book value (other) (d) Book value (d) Book value (d) Book value	С					
organization by: Yes No (i) Unrelated organizations. 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 1a Land. (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 4 49,693. 49,693. 49,693. c Leasehold improvements. 49,693. 49,693. 878,342. 878,342.						
(i) Unrelated organizations. 3a(i) (ii) Related organizations. 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land.	3a		session of the organiza	ation that are held	and administered for	
(ii) Related organizations . 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.						
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_					30
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	-			wment funds.		
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land <t< th=""><th>Pa</th><th>Complete if the organization and</th><th>L. Iswered "Yes" on For</th><th>m 990, Part IV, I</th><th>ine 11a. See Form</th><th>990, Part X, line 10.</th></t<>	Pa	Complete if the organization and	L. Iswered "Yes" on For	m 990, Part IV, I	ine 11a. See Form	990, Part X, line 10.
1a Land 1a Land b Buildings 1a Land c Leasehold improvements 1a Land d Equipment 49,693 e Other 878,342			(a) Cost or other basis	(b) Cost or other basis	s (c) Accumulated	
b Buildings	4 -	Land	,	(other)	depreciation	
c Leasehold improvements d Equipment e Other 878,342. 878,342.						
d Equipment 49,693 49,693 e Other 878,342 878,342		-				
e Other		-		10 603	10 602	
						<u> </u>

Schedule D (Form 990) 2020

Schedule D (F	Form 990) 2020			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Columr	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	on:
			Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	al income taxes	,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
			-	at reports the
	or uncertain tax positions. In Part XIII, provide the			

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	-	
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
3 4		-	
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b	Other (Describe in Part XIII.)	4c	
	Add lines 4a and 4b		
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information.	<u> </u>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V line 4.	Part X line
10110	c are accomptione required for rate n , model, c , and c , rate n , model n and $-$, rate n , model b and $2b$, r	а. , шо т,	

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2:

MOURNING FAMILY FOUNDATION (MFF) IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AS CHARITABLE ORGANIZATIONS WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX AND UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. THE ORGANIZATIONS CURRENTLY HAVE NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED AS OF JUNE 30, 2021 AND 2020.

MFF RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY. NO UNCERTAIN TAX POSITIONS WERE IDENTIFIED BY THE ORGANIZATIONS AS OF JUNE 30, 2021 AND 2020.

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE MFF FILES INCOME TAX RETURNS. MFF IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2018. ALL YEARS SINCE INCEPTION ARE OPEN FOR EXAMINATION BY U.S. FEDERAL TAX AUTHORITIES FOR HOLDINGS.

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)		he organization answer organization entered n	ed "Yes" on	Form 990, F	Part IV, line 17, 18, or 1	-	20 2 0		
Dependence of the Treesum				or Form 99			Open to Public		
Department of the Treasury Internal Revenue Service	► G	o to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection		
Name of the organization						Employer identificat	ion number		
MOURNING FAMILY						65-1075983			
	g Activities. Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line ⁻	17.		
1 Indicate whether	the organization rai	sed funds through a	any of the	following	activities. Check a	all that apply.			
a Mail solicita	I solicitations e Solicitation of non-government grants								
b Internet and	email solicitations	f	Solic	itation of	government grants	S			
c Phone solic	itations	g	Spec	cial fundra	ising events				
d 🔄 In-person se	olicitations								
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be		
(i) Name and add or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(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					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
			I						
Total 3 List all states in	which the organiza	tion is registered o	r liconsor	► L to solicit	contributions or	has been notified	Lit is exempt from		
registration or lic		tion is registered o				has been notined			

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

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MOURNING FAMILY	FOUNDATION,	INC.
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Schedule (G	(Form	990	or	990-EZ) 2020	

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EVENT			(add col. (a) through col. (c))
5			(event type)	(event type)	(total number)	
	1	Gross receipts	15,198.			15,198
	2 3	Less: Contributions Gross income (line 1 minus line 2)	15,198.			15,198
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
1	1	Direct expense summary. Add lin Net income summary. Subtract lin Gaming. Complete if the org \$15.000 on Form 990-EZ. lin	ne 10 from line 3, colu anization answered "ነ	mn (d)	<u></u>	reported more that
1	1	Net income summary. Subtract li	ne 10 from line 3, colu anization answered "ነ	mn (d)	<u></u>	(d) Total gaming (add
1 art	1 t	Net income summary. Subtract lin Gaming. Complete if the org	ne 10 from line 3, colu anization answered "Y e 6a.	mn (d) /es" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
1 ari	1 t 1	Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "Y e 6a.	mn (d) /es" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
1 ari	1 t 1 2	Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue	ne 10 from line 3, colu anization answered "Y e 6a.	mn (d) /es" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
1 art	1 1 2 3	Net income summary. Subtract lii Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes	ne 10 from line 3, colu anization answered "Y e 6a. (a) Bingo	mn (d) /es" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
1 art	1 1 2 3 4	Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs	ne 10 from line 3, colu anization answered "Y e 6a. (a) Bingo	mn (d) /es" on Form 990, F	Part IV, line 19, or	reported more tha
	1 1 2 3 4 5	Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes	ne 10 from line 3, colu anization answered "Y e 6a. (a) Bingo	mn (d) 'es" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 1 2 3 4 5 6	Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ne 10 from line 3, colu anization answered "Y e 6a. (a) Bingo	mn (d)	▶ Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 1 2 3 4 5 6 7	Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ne 10 from line 3, colu anization answered "Y e 6a. (a) Bingo	mn (d) 'es" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No nn (d)	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 1 2 3 4 5 6 7 8	Net income summary. Subtract ling Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add ling Net gaming income summary. Su Enter the state(s) in which the organization licensed to con	he 10 from line 3, colu anization answered "Y e 6a. (a) Bingo (a) Bingo (bingo) (a) Bingo (bingo) (a) Bingo (bingo) (a) Bingo (bingo) (a) Bingo (bingo) (b) Bingo (bingo) (b) Bingo (b) Bingo (c) Bi	mn (d)	► Part IV, line 19, or (c) Other gaming Yes% No►	(d) Total gaming (add col. (a) through col. (c
	1 1 2 3 4 5 6 7 8	Net income summary. Subtract line Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary.	he 10 from line 3, colu anization answered "Y e 6a. (a) Bingo (a) Bingo (bingo) (a) Bingo (bingo) (a) Bingo (bingo) (a) Bingo (bingo) (a) Bingo (bingo) (b) Bingo (bingo) (b) Bingo (b) Bingo (c) Bi	mn (d)	► Part IV, line 19, or (c) Other gaming Yes% No►	(d) Total gaming (add col. (a) through col. (c

Schedule	G	(Form	990	or	990-EZ)	2020
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MOURNING F	AMILY 3	FOUNDATION,	INC.
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Sched	dule G (Form 990 or 990-EZ) 2020	Page 3
11	Does the organization conduct gaming activities with nonmembers?	
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?	s No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility 13a	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address	
45 -	Deep the experimetion have a contract with a third party from whom the experimetion receives coming	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	s No
b		
b	If Yes, enter the amount of gaming revenue received by the organization \blacktriangleright 5 and the	
_	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:	
С	in res, enter name and address of the third party.	
	Name ►	
	Address ►	
16	Gaming manager information:	
10	Gaming manager mormation.	
	Name	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
L	retain the state gaming license?	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$	
Par		d
Fair	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
_		

Schedule G (Form 990 or 990-EZ) 2020

SCH	EDULE J	Compen	sation Information		OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		ଦ୍ଧଳ	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23	\mathbb{Z}	ZU	<u> </u>
	nent of the Treasury		Attach to Form 990.		Open to		
	Revenue Service	Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identification		ectio	n
	of the organization	LY FOUNDATION, INC.		65-107598		1	
Part		is Regarding Compensation		05-107590	5		
Fait	Question					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
	Travel fo	or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	If any of the	boxes on line 1a are checked, did th	ne organization follow a written policy represented above? If "No," com	egarding paymen	t		
			penses described above? If No, con		′ 1b		
2			to reimbursing or allowing expenses				
	-		D/Executive Director, regarding the items	-			
	1a?				2		
3	Indicate which	h, if any, of the following the organization	on used to establish the compensation of	the			
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	90 of other organizations	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С	-		sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	Only section	$(-1)^{-1} = (-1)$					
F	-		rganizations must complete lines 5-9.				
5		n contingent on the revenues of:	on A, line 1a, did the organization pa	ly of accrue any	'		
а		5			5a		Х
b					5b		X
	-	e 5a or 5b, describe in Part III.					
6			on A, line 1a, did the organization pa	y or accrue any	/		
	compensation	n contingent on the net earnings of:					
а	The organizat	ion?			6a		X
b	Any related o	rganization?			6b		X
		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				37
~			escribe in Part III		7		X
8			paid or accrued pursuant to a contract the	-			
		-	Regulations section 53.4958-4(a)(3)? If				v
0			low the rebuttable presumption proced		8		X
9		5					
	regulations S				9	I	L

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TINA BROWN	(i)	0.	0.	0.	0.	0.	0.	
1EXECUTIVE DIRECTOR	(ii)	154,109.	3,500.	0.	0.	0.	157,609.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
2	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							ļ
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

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.



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 MOURNING FAMILY FOUNDATION, INC.
 65-107

Employer identification number

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION (CONTINUE) EDUCATION AND ENRICHMENT SERVICES. PRESENTLY, THE MOURNING FAMILY FOUNDATION SUPPORTS OVER A THOUSAND YOUTH AND FAMILIES THROUGH THE OVERTOWN YOUTH CENTER AND HONEY SHINE PROGRAMS. THESE PROGRAMS SERVE OVER 700 STUDENTS RANGING FROM AGES 8 TO 25 THAT RESIDE IN SOUTH FLORIDA AND ATTEND SCHOOLS IN THE AREA.

FORM 990, PART III - PROGRAM SERVICE, LINE 4A (CONTINUE) THE CULTURE OF SUCCESS: THE CREATION OF A POWERFUL ENVIRONMENT WHERE INTERACTIONS ARE POSITIVE AND RESPECTFUL, WITH HIGH EXPECTATIONS FOR ALL MEMBERS OF THE CULTURE AND FACILITATE THE SUCCESS OF ALL PARTICIPANTS.

COMPREHENSIVE APPROACH: AN APPROACH, WHICH ALLOWS OYC TO SERVICE THE "WHOLE CHILD", AND CROSSES ALL OF THE ENVIRONMENTS. TO DO THIS, OYC DEVELOPS PARTNERSHIPS WITH PARENTS, SCHOOLS, AND COMMUNITY ORGANIZATIONS AND ENGAGES IN THE CONSTANT PROVISION OF SERVICES (24 HOUR CASE MANAGEMENT, IN SCHOOL/AFTER SCHOOL SERVICES AND SUMMER PROGRAM).

CONTINUUM OF SERVICE: PROVIDING SERVICES FROM SECOND GRADE TO AGE 25 TO GUIDE THEM THROUGH THE PHASES OF THEIR PSYCHOLOGICAL DEVELOPMENT AND IMPROVE THEIR LIFE'S TRAJECTORY. OYC MONITORS STUDENTS' PROGRESS TO ENSURE THEY GRADUATE FROM HIGH SCHOOL AND

Employer identification number 65–1075983

ARE THEN ENROLLED IN COLLEGE, A VOCATIONAL SCHOOL OR GAINFULLY EMPLOYED.

WHOLE SCHOOL EXPANSION: OYC HAS ALSO EXPANDED ITS FOOTPRINT IN THE OVERTOWN COMMUNITY; WE HAVE DECIDED TO ADOPT THE WHOLE SCHOOL EXPANSION MODEL IN A DIRECT PARTNERSHIP WITH MIAMI DADE COUNTY PUBLIC SCHOOLS AND JOSE DE DIEGO MIDDLE SCHOOL. OUR GOAL IS TO WORK WITH THE SCHOOL DISTRICT TO REMAIN ON THE CONTINUUM OF INCREASED GRADUATION RATES, INCREASED ATTENDANCE AND PARENT PARTICIPATION AND ULTIMATELY PRODUCE POSITIVE CONTRIBUTING CITIZENS IN THE OVERTOWN COMMUNITY. THROUGH THIS PARTNERSHIP AND OUR CURRENT PROGRAMMING AT OYC AND HONEY SHINE, WE ARE NOW SERVICING OVER 700 YOUTH IN SOUTH FLORIDA.

HONEY SHINE IS MADE UP OF TWO PROGRAMMING ELEMENTS: THE ASPIRE TO SHINE WORKSHOPS OFFERED TO THE GIRLS IN THE PROGRAM, WHICH ARE AFFECTIONATELY CALLED 'HONEY BUGS', ADDRESS LIFE-SKILL LESSONS AND EDUCATIONAL EXPERIENCES. CAMP HONEY SHINE ALLOWS FOR THE CONTINUATION OF PROGRAMMING BEYOND THE WORKSHOPS. THE CAMP PROVIDES THE GIRLS WITH THE OPPORTUNITY TO BUILD ON COGNITIVE, SOCIAL, PHYSICAL SKILLS, VALUES, AND CHARACTER BUILDING THAT ALLOWS THEM TO STRIVE FOR SUCCESS. COMBINED, OYC AND HONEY SHINE STRIVE TO WORK WITH THESE YOUNG PEOPLE WHILE PROVIDING THEM WITH THE NECESSARY RESOURCES AND TOOLS TO SUCCEED AND TO ACHIEVE THE ULTIMATE GOAL OF GRADUATING FROM HIGH SCHOOL AND ATTENDING COLLEGE

Employer identification number 65–1075983

OR SOME FORM OF HIGHER EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY, WHOM THEN REVIEWS IT FOR ACCURACY AND APPROVES IT FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS ASKED ANNUALLY AT BOARD MEETINGS IF THEY HAVE AN INTEREST THAT COULD GIVE RISE TO A CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AN INTERESTED PERSON MAY CONTACT THE OFFICE VIA PHONE OR SEND A LETTER REQUESTING SUCH INFORMATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: RELATED ENTITY ASSET ADJUSTMENT -----\$ 6,153,241 CONTRIBUTION TO RELATED ------\$ \$(1,704,876)

TOTAL

\$ 4,448,365

FORM 990, PART XII, LINE 2C: PRIOR TO NOVEMBER 30, 2019, OVERTOWN WAS AN AFFILIATE OF MOURNING FAMILY FOUNDATION, INC. ("MFF"), A NONPROFIT ORGANIZATION ESTABLISHED AND INCORPORATED IN THE STATE OF FLORIDA IN MARCH 2001, AS A 501 (C)(3)

Employer identification number 65–1075983

ORGANIZATION.

ON NOVEMBER 30, 2019, OVERTOWN ACQUIRED MFF AND HS WHEN THE BOARD OF DIRECTORS FOR THE THREE ORGANIZATIONS MERGED IN AN EFFORT TO OPERATE MORE EFFICIENTLY, LEVERAGE PROGRAMMATIC RESOURCES AND CREATE MORE MOURNING FAMILY FOUNDATION, INC. 65-1075983 CONSISTENCY ACROSS THE ORGANIZATIONS. PRIOR TO THIS, THE ORGANIZATIONS HAD SEPARATE BOARDS AND MANAGEMENT. OVERTOWN HAS MAJORITY CONTROL IN THE NEW COLLABORATIVE BOARD. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("U.S. GAAP") REQUIRE THE CONSOLIDATION OF ENTITIES UNDER COMMON CONTROL, WITH THE ENTITY WITH MAJORITY CONTROL AS THE REPORTING ENTITY. OVERTOWN DID NOT PAY ANY CONSIDERATION IN THIS TRANSACTION. INSTEAD, IT RECEIVED ALL THE ASSETS AND LIABILITIES OF MFF AND HS AS OF THE ACQUISITION DATE, RESULTING IN AN INHERENT CONTRIBUTION OF \$7,394,357 REPORTED ON THE CONSOLIDATED STATEMENT OF ACTIVITIES. MFF AND HS CONTINUE TO BE STAND-ALONE, NON-PROFIT ORGANIZATIONS AS OF JUNE 30, 2021. THE ENTITIES SHARE KEY FUNCTIONAL AREAS SUCH AS EXECUTIVE MANAGEMENT, HUMAN RESOURCES AND FINANCE.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DESIGN2FORM PO BOX 222074 HOLLYWOOD, FL 33022	ARCHITECTURE SRVCS	207,393.
CLARO DEVELOPMENT SOLUTIONS, INC. 1035 N MIAMI AVE #201 MIAMI, FL 33136	ARCHITECTURE SRVCS	159,353.
BG GROUP, LLC 15560 LYONS ROAD DELRAY BEACH, FL 33446	DEMOLITION SRVCS	121,545.

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

65-1075983

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

MOURNING FAMILY FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
_(4)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(f) Direct controlling entity	(g Section 5 contr enti	512(b)(13) rolled	
						Yes	No
(1) OVERTOWN YOUTH CENTER, INC. 65-1048896							
450 NW 14 STREET MIAMI, FL 33139	YOUTH SRVCS	FL	501(C)(3)	LINE 7	N/A		Х
(2) HONEY SHINE, INC. 27-3545698							
IUU S BISCAYNE BLVD., 3RD FLOO MIAMI, FL 33131	YOUTH SRVCS	FL	501(C)(3)	LINE 7	OYC		Х
(3) OYC PROPERTY HOLDINGS, INC. 84-0480122							
450 NW 14TH ST MIAMI, FL 33136	SUPP ORG	FL	501(C)(3)	LINE 12	OYC		Х
(4)							
							l
(5)							
(6)							
(7)							
							l

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

			•	· · ·			1					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	(j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1)	_											
(2)	_											
(3)	-											
(4)	-											
(5)	-											
(6)	-											
(7)	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Sectio 512(b)(controll entity Yes N
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

 Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from a controlled entity. 	1a 1b 1c 1d 1e		X X
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s) 	1b 1c 1d 1e		X
b Gift, grant, or capital contribution to related organization(s)	1b 1c 1d 1e		X
	1c 1d 1e		
\sim Cift grant or contribution from related experimetion(c)	1d 1e		Į.
c Gift, grant, or capital contribution from related organization(s)	1e		
d Loans or loan guarantees to or for related organization(s)			X
e Loans or loan guarantees by related organization(s)	1f		X
f Dividends from related organization(s)			х
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s).	1 i		X
j Lease of facilities, equipment, or other assets to related organization(s).	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	10		X
p Reimbursement paid to related organization(s) for expenses	1p		x
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r		Х
s Other transfer of cash or property from related organization(s).	1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	
(a)(b)(c)Name of related organizationTransaction type (a-s)Amount involved amount	(d) of det int inv		١g
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
JSA Schedule R (Form	990)	2020

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Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity Pr		(a) (b) me, address, and EIN of entity Primary activity Leg (sta		(c) Legal domicile (state or foreign country)	country) unrelated, excluded or		section total ind 501(c)(3) organizations?		(f) (g) Share of total income assets		ations?	amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentago ownership
(1)		sections 512 - 514)	Yes	No			Yes	No	(Yes	No				
			(state or foreign country)	(state of foreign country) income (related, from tax under sections 512 - 514)	(state or foreign country) (state or foreign inrelated, succeded from tax under sections 512 - 514) 501 organize sections 512 - 514)	(state or foreign country) income (related, soft(c)) sections 512-514) sections 512-514)	(state or foreign country) income (related, excluded organization) social organization) Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social country Image: Social cou	(state or foreign county) income (related, softing) softing) total income softing) total income softing) Image: Softing Softing) Image: Softing) Image: Softing) Image: Softing) Image: Softing) Image: Softing Softing) Image: Softing) Image: Softing) Image: Softing) Image: Softing) Image: Softing Softing Softing) Image: Softing) Image: Softing) Image: Softing) Image: Softing) Image: Softing Softing Softing Softing Softing Image: Softing Softing) Image: Softing Softing) Image: Softing Softing) Image: Softing Sof	Inclusion Inclusion <thinclusion< th=""> <thinclusion< th=""> <thi< td=""><td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td><td>$\left \begin{array}{c c c c c c c c c c c c c c c c c c c$</td><td>$\left \begin{array}{c c c c c c c c c c c c c c c c c c c$</td><td>$\left \begin{array}{c c c c c c c c c c c c c c c c c c c$</td></thi<></thinclusion<></thinclusion<>	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\left \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \left \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \left \begin{array}{c c c c c c c c c c c c c c c c c c c $		

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.