			** PUBLIC DISCLOSURE COPY **		
	n	<b>^^</b>	Return of Organization Exempt From Inc	ome Tax	OMB No. 1545-0047
For	m <b>y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except		ns) <b>2021</b>
			Do not enter social security numbers on this form as it may be n		Open to Public
Depa Interi	rtment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest info	ormation.	Inspection
A	For the	e 2021 calend	ar year, or tax year beginning ${ m APR}1$ , $2021$ and ending ${ m MAR}$	₹ 31, 2022	
	Check if	C Name of	f organization D	Employer identific	ation number
ć	pplicabl Addre				
	chang	je I TRAV	IS MANION FOUNDATION		
	Name chang Initial	ge Doing bu	usiness as	41-223795	51
	return	Number		Telephone number	
	Final return termir		OX 1485	215-348-9	
	ated Amen	City or to		Gross receipts \$	11,298,655.
	return			(a) Is this a group re	
	tion pendi		nd address of principal officer: RYAN MANION X 1485, DOYLESTOWN, PA 18901	for subordinates?	
		empt status:		<b>b)</b> Are all subordinates in	
					list. See instructions
		f organization:		c) Group exemption	State of legal domicile: <b>PA</b>
	art I	Summary			State of legal dofficile. I II
			e the organization's mission or most significant activities: TMF EMPOWERS	VETERANS	& FAMILIES
DCe			EN HEROES TO DEVELOP CHARACTER IN FUTURE		
rnai		Check this bo			
			ing members of the governing body (Part VI, line 1a)	1.1	17
Ğ			lependent voting members of the governing body (Part VI, line 1b)		16
ss 8			of individuals employed in calendar year 2021 (Part V, line 2a)		68
Activities & Governance			of volunteers (estimate if necessary)		10300
(cti			d business revenue from Part VIII, column (C), line 12		86,876.
~			business taxable income from Form 990-T, Part I, line 11		24,807.
				Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h) 8	3,713,655.	10,307,153.
Revenue		0	ce revenue (Part VIII, line 2g)	409,342.	715,833.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	15,305.	30,927.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,407.	50,191.
				9,161,709.	11,104,104.
			nilar amounts paid (Part IX, column (A), lines 1-3)	115,846.	610,609. 0.
			to or for members (Part IX, column (A), line 4)	3,804,469 <b>.</b>	4,433,033.
Expenses	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) 3 undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>667,412.</u>	0.	<u> </u>
ben	l loa	Total fundraisi	and a single es (Part IX, column (D) line 25) $\blacktriangleright$ 667, 412.		
Ä	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,193,969.	3,511,037.
			· · · · · · · · · · · · · · · · · · ·	5,114,284.	8,554,679.
	19			3,047,425.	2,549,425.
or				ning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16) 7	7,247,874.	9,249,980.
t As	21	Total liabilities		1,140,501.	578,104.
Net Assets or Fund Balances	22	Net assets or t	fund balances. Subtract line 21 from line 206	5,107,373.	8,671,876.
Pa	art II	Ū			
Und	er pena	alties of perjury, I	I declare that I have examined this return, including accompanying schedules and statements	, and to the best of my	knowledge and belief, it is
true	, correc		Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge.	
			Manion		
Sig				Date	
Her	e		MANION, PRESIDENT		
		I I iype or p	אווו וומווים מווע נונוס		

	Type of print name and the										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	JENNIFER SOLOT	Jonely Jolat. Cold	08/29/2022	John omproyou	P0074937						
Preparer	Firm's name 🍗 $\operatorname{BBD}$ , $\operatorname{LLP}$		Firm	n's EIN ▶ 23	-2896692						
Use Only	Firm's address ▶ 1835 MARKET STRE										
	PHILADELPHIA, PA	. 19103	Pho	ne no. <b>215</b> –	567-7770						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
					- 000						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2021) TRAVIS MANION FOUNDATION 41-2237951 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TMF EMPOWERS VETERANS AND FAMILIES OF FALLEN HEROES TO DEVELOP
	CHARACTER IN FUTURE GENERATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,761,990. including grants of \$ 153,191. ) (Revenue \$ 715,833.
	COMMUNITY ENGAGEMENT BY VETERANS AND FAMILIES OF THE FALLEN
	TMF SPARTAN MEMBERS, LED BY VETERANS AND FAMILIES OF THE FALLEN, UNITE
	COMMUNITIES TO STRENGTHEN AMERICA'S NATIONAL CHARACTER. THROUGH
	OPERATION LEGACY SERVICE PROJECTS, TMF MEMBERS SHARE THE LEGACY OF
	CHARACTER OF FALLEN HEROES THROUGH ORGANIZING COMMUNITY SERVICE
	PROJECTS THAT UNITE VETERANS, SURVIVORS, YOUNG ADULTS, AND INSPIRED
	CIVILIANS TO ADDRESS THEIR COMMUNITY'S GREATEST NEED. OPERATION LEGACY
	SERVICE PROJECTS ARE EXECUTED THROUGHOUT THE YEAR WITH FOCUSED
	CAMPAIGNS IN MAY, AUGUST, NOVEMBER AND APRIL. OPERATION LEGACY
	ACTIVATED OVER 6,539 PARTICIPANTS TO SERVE IN 2022. THESE CAMPAIGNS
	INCLUDED ACTIVATING SPARTAN MEMBERS TO VISIT FALLEN HEROES ON MEMORIAL
	DAY THROUGH "THE HONOR PROJECT" SEE SCHEDULE O FOR CONTINUATION.
46	
4b	(Code:) (Expenses \$ 2,313,000 including grants of \$ 339,535 ) (Revenue \$ PERSONAL DEVELOPMENT & TRAINING FOR VETERAN AND FAMILIES OF THE FALLEN \$
	TMF EMPOWERS VETERANS AND FAMILIES OF FALLEN HEROES TO THRIVE IN THEIR
	POST-MILITARY LIVES THROUGH PERSONAL DEVELOPMENT AND LIFE-CHANGING
	EXPERIENCES. TMF DELIVERED 70 PERSONAL DEVELOPMENT AND DIFE-CHANGING
	PROVIDE INDIVIDUALIZED TOOLS AND KNOWLEDGE THAT HELPED 3,047 VETERANS
	SUCCESSFULLY TRANSITION FROM ACTIVE DUTY. IN 2022, TMF HOSTED TWO
	COHORTS OF THE "SPARTAN LEADERSHIP PROGRAM" CONSISTING OF 33 VETERANS
	AND FAMILIES OF THE FALLEN WHO PARTICIPATED IN A 7-MONTH IMMERSIVE
	LEADERSHIP EXPERIENCE IN ORDER TO EXPERIENCE PERSONAL GROWTH AND
	INCREASE THEIR VOLUNTEER LEADERSHIP ROLE WITHIN TMF. ALSO, FAMILIES OF
	FALLEN HEROES ARE EMPOWERED TO FLOURISH ON THEIR PERSONAL JOURNEYS OF
	HEALING THROUGH SEE SCHEDULE O FOR CONTINUATION.
4c	(Code: ) (Expenses \$ 3,138,080. including grants of \$ 117,883.) (Revenue \$
	CHARACTER AND VETERAN-YOUTH MENTORSHIP: THROUGH "CHARACTER DOES
	MATTER", VETERANS AND FAMILIES OF THE FALLEN ARE EMPOWERED TO DEVELOP
	CHARACTER IN FUTURE GENERATIONS. VETERANS AND SURVIVORS SERVE AS
	VOLUNTEER MENTORS TO LEAD CHARACTER EDUCATION PRESENTATIONS FOR YOUNG
	ADULTS THAT DRAW ON A MENTOR'S PERSONAL SERVICE EXPERIENCE AND THE
	VALUE OF CHARACTER IN EVERYDAY LIFE. THESE SAME VOLUNTEERS ALSO
	MENTOR YOUTH THROUGH A CHARACTER AND LEADERSHIP CURRICULUM THAT
	INCLUDES TEAM-BUILDING EXERCISES, DISCUSSIONS, AND EXPERIENTIAL
	LEARNING CHALLENGES. PROGRAMS ARE FACILITATED BY VETERAN AND SURVIVOR
	TEAMS FOR AT LEAST 10 HOURS OF INSTRUCTION THAT RANGE IN DURATION FROM
	A SINGLE DAY EVENT TO A MULTI-WEEK COURSE. 2,243 VETERAN MENTORS
	INSPIRED 42,591 YOUTH THROUGH SEE SCHEDULE O FOR CONTINUATION.
4 -1	
40	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     7,213,730.
4e	
	Form <b>990</b> (20)
3200	SEE SCHEDULE O FOR CONTINUATION(S)
<u>~</u> ~	3 820 702760 4200 2021 04021 EDAVIG NANTON FOUNDATION 4200
⊿0	829 793760 4209 2021.04021 TRAVIS MANION FOUNDATION 4209

Form 990 (2021)

TRAVIS MANION FOUNDATION Part IV Checklist of Required Schedules

1         Is the organization described in section 501(s)(s) or 4447(a)(1) (other than a private foundation)?         1         X           2         Is the organization engage in direct or index policibal campaign anothwise on behalf of or in opposition to candidates for public office? If Yes,' complete Schedule C, Part I         3         X           3         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect of index policibal campaign activities, or have a section 501(h) election in effect during the tax year // Yes,' complete Schedule C, Part II         4         X           4         Section 501(c)(4), 501(c)(6), 501(c				Yes	No
2         Is the organization required to complete Schedule 0. Schedule of Contributor® See inductions         2         X           3         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offica? If 'Yes,' complete Schedule C, Part I         3         X           4         Section 501(c)(3) organizations. Did the organization on agge in lobbying activities, or have a section 501(f)) election officit.         4         X           5         Is the organization ascience for the organization martain any done advised funds or any similar funds or accounts? If 'Yes,' complete Schedule C, Part I         5         X           6         Did the organization martain any done advised funds or any similar funds or accounts? If 'Yes,' complete Schedule C, Part II         6         X           7         Did the organization martain call controls in such thinds or advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II         7         X           8         Did the organization martain collections of works of at, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II         7         X           9         Did the organization amount in part N inter 21, in secret or custorial account liability, serve as a custorian for amounts in such theorements or proved cordit counsel, observe and custores in done-restricted endowments for '''''''', '''''''''''''''''''''''''''	1				
3         Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public unless? If Yes, 'complete Schedule C, Part II         3         X           4         Section SOL(p3) organizations. Did the organization rangage in lebbying activities, or have a section SOL(h) election in effect during the tax year II Yes, 'complete Schedule C, Part II         4         X           5         Is the organization a section SOL(p3) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89:197 II Yes, 'complete Schedule C, Part II         5         X           6         Did the organization markina any domar advised finds or any similar funds or accountis for which donors have the right to provide advice on the didtibution or investment of amounts in such funds or accountis for which donors have the right to provide advice and the didtibution or investment of amounts in such funds or accountis for which donors have the right to provide advice and the organization nation cells to all a researce on castodial account liability, serve as a custodant for amounts not listed in Part X, for provide cells transagement, and furpair, or debt neglation services?         7         X           9         Did the organization any of the following questions is 'Yes, 'then complete Schedule D, Part IV         8         X           10         X         10         X         10         X           11         The organization services?         9         X         10         X           10         the					
public office/#1*%*: complete Schedule C, Part I         a         X           4         Section 501(R) arganization. Did the organization engos in lobbying activities, or have a section 501(R) election in effect during the taxy year // Yes.' complete Schedule C, Part II         4         X           5         Is the organization a section 501(R),			2	X	
4         Section 50 (tip(k) organizations. Did the organization engage in lobbying activities, or have a section 50 (tip) election in effect during the taxy year? II "Yes," complete Schedule C, Part II         4         X           5         Is the organization a section 50 (tip), 50 (tip(k), 50 (tip(k)	3				v
during the tax year? If Yes," complete Schedule Q, Part II.     4     X       5     Is the organization a section Dir(Ne), 501 (GR) or 501 (GR) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If 'Yes,' complete Schedule Q, Part III     5       6     Did the organization maintain any donc advised funds or any similar funds or accounts for which, donos have the right to provide advised on the distinution or investment of amounts in avaidue 10 parts III 'Yes,' complete Schedule D, Part III     6       7     Did the organization maintain collections of works of art, historical treasures, or other similar assets? IF 'Yes,'' complete Schedule D, Part III     7     X       8     Did the organization fueldy of through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part IV     7     X       10     Did the organization (arectly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part VI     10     X       11     If the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part VI     10     X       12     Did the organization report an amount for investments - program related in Part X, line 13, that 35% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI     11     X       13     X     Did the organization report an amount for investments - program related in Part X, line 13, that 35% or more of its total assets re			3		
6         Is the organization acciton 501(c)(d), or 501(c)(d) or 601(c)(d) or 601(c)(d) or 601(c)(d) or 601(c)(d) or 601(c)(d) or 601(c) or 601(	4				v
similar amounts as defined in Rev. Proc. 98:197 // "es," complete Schedule C, Part II.       5       X         6       Dott the organization maintain any door advised funds or any sounds for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6       X         7       Dott the organization maintain collections of works of art, historical ressures, or other similar asset? If "Yes," complete Schedule D, Part II.       7       X         8       Dott the organization maintain collections of works of art, historical ressures, or other similar asset? If "Yes," complete Schedule D, Part II.       7       X         9       Dott the organization maintain collections of works of art, historical ressures, or other similar asset? If "Yes," complete Schedule D, Part IV.       8       X         9       Dott the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowners? If "Yes," complete Schedule D, Part V.       10       X         10       Did the organization report an amount for law buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "%e," complete Schedule D, Part VII       11       X         11       Did the organization report an amount for investments - organe melated in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "%e," complete Schedule D, Part VIII       11       X         11       Did the org	F		4		
6       Did the organization maintain any donor advised funds or any similar funds or accounts of which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts of W*se," complete Schedule D, Part II       6       X         7       X       Did the organization receiver on tobia conservation easement, including essements to preserve open space, the environment, historical markers or visitoric structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization check or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization report an amount for law baland organization, in earch the following questions is "Yes," then complete Schedule D, Part V, as applicable.       11a       X         11       If the organization report an amount for law stress means - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16/1 "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more	5		5		x
provide advice on the distribution or investment of announts in such funds or accounts // "Yes," complete Schedule D, Part //         6         X           7         Did the organization receive or hold a conservation easement, including easements for preserve open space, the environment, historic land areas, or historic structures // "Yes," complete Schedule D, Part //         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part //         8         X           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor restricted endowments         10         X           11         H the organization report an amount for lawstments - organization serves are annount for lawstments - organization report an amount for lawstments - organization report an amount for lawstments - social report and transmut, line 12, line 13, line 13, line 13, line 13, line 14, line 14, line 12, line 16, line 14, line 16, line 24, line 16, line 24, line 15, line 15% or more of its total assets reported in Part X, line 16, line 14, line 12, line 15, line 15% or more of its total assets reported in Part X, line 16, line 24, line 16, line 24, line 16, line 24, line 16, line 24, line 24, line 16, line 24, line 24, line 24, line 24, line 16, line 24, line 24, line 14, line 12, line 12, line 14, line 12, line 12, line 1	6		5		
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic and areas, or historic structures? If 'Yes,' complete Schedule D, Part II       7       X         Did the organization maintain collection of work of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part III       8       X         Did the organization maintain collection of work of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part III       8       X         10       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for anounts not listed D. Part V       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? IIf 'Yes,' complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11b       X <td>Ŭ</td> <td></td> <td>6</td> <td></td> <td>x</td>	Ŭ		6		x
the environment, historic land areas, or historic structures? If 'Yes, 'complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part II.       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, dott management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       10       X         12       Did the organization report an amount for investments - organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11a       X         13       Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11a       X         14       Did the organization report an amount for investments - forgam related in Part X, line 15? If 'Yes,' complete Schedule D, Part X       11a       X         14 <td< td=""><td>7</td><td></td><td></td><td></td><td> </td></td<>	7				
B         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, "complete Schedule D, Part III         B         X           D D 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?         Y           10         Did the organization, directly or through a related organization, hold assets in donor-restricted andowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V         10         X           11         If the organization is more to any of the following questions is 'Yes,' then complete Schedule D, Part V         10         X           12         Did the organization report an amount for inextments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI         11a         X           13         Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI         11a         X           14         Did the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Part X         11e         X           2         Did the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Part X         11e         X           2         Did the organization selopartes         Complete	•		7		x
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, line 21, line 21, or dobt negotiation services?       9       X         9       Did the organization, report an amount of Part X, line 21, line 21, line 21, or dobt negotiation, services?       9       X         9       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         12       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         13       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         14       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X       11a       X         15       Did the organization report an amount for investments - organ related in Part X, line 13, that 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VII       11a       X         16       Did the organization report an amount for investments in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X	8				
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?       9       X         10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11       X         12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         14 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11       X         15 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       111       X         16 Did the organization obtain separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Sc		· · · · · · · · · · · · · · · · · · ·	8		x
amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services?     9     X       If 'Yes,'' complete Schedule D, Part IV     10     X       If the organization, directly or through a related organization, hold assets in donor-restricted endowments     10     X       If the organization directly or through a related organization, should assets in donor-restricted endowments     10     X       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI     11     X       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11a     X       Old the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11a     X       Old the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11d     X       If the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X     11d     X       If the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X     11d     X       If the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X </td <td>9</td> <td></td> <td></td> <td></td> <td></td>	9				
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, VII, VII, VX, or X, as applicable.       11a       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11d       X         c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         12       Did the organization is separate, independent audited financial statements for the tax year?       11f       X         12       Did the organization asset and on consolidated, independent audited financial statements for the tax year?       11f       X         13       St       St       St       11d       X         14					
10       Did the organization, directly or through a related organization, hold assets in donorrestricted 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, VII, VII, VII, VII, VII, VII,			9		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.       11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11d       X         c       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         c       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization aschares parate or consolidated financial statements for the tax year induce a footnote that addressees the organization aschares parate in dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization aschares parate in dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X	10				
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X, as applicable.       In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - orgara melated in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization subality for uncertain tax positions under FIN 48 (ASC 740?)? If "Yes," complete Schedule D, Part X       11f       X         12a       X       Ith erganization asset reported in section 170(b(t)(V)(W)?)? If "Yes," complete Schedule D, Part X       11f       X         12a       X       Ith erganization included in consolidated, independen		or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other iabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization report an amount for other iabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization on School described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization aschool described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Part X       11t       X         12a       X       11d       X       11d       X         12a       X       11t       X       11t       X         12a       X       11d	11				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11d       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization is baintify for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X       11t       X         12a       X       Did the organization include in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization asknowerd "No" to line 12a, then completing Schedule D, Parts XI and XII as optional       12a       X         13a       Is 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?       14a       X         145       Did the organization neport on Part IX, co		as applicable.			
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization obtain separate or consolidated financial statements for the tax year include a foothort that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         11       M       X       11a       X       11a       X         12a       X       11f       X       11a       X       11d       X         12a       X       11a       X       11a       X       11a       X         12a       X       11a       X       11a       X       11a       X         111       X <t< td=""><td>а</td><td></td><td></td><td></td><td></td></t<>	а				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         11a       X       11e       X       11e       X         12a Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X       11t       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       X       11f       X         13 Is the organization answered "No" to line 12a, then completing Schedule E       13a       X       13a       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Ye			11a	Х	
c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         e       Did the organization 's esparate or consolidated financial statements for the tax year include a footnote that addresses the organization otbain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization nawered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b       Did the organization nave 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       14b       X         15       Did the organization report on Part IX,	b	-			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       X         b Was the organization asswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         14a       X       14a       X         15b Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of agregate foreign investments valued at \$100,000 or or for foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedul			11b		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization sincluded in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11g       X         13       the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         14a       Did the organization aschool described in section 170(b)(1)(A)(ii)?       17es," complete Schedule E       13       X         14a       Did the organization nantain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization?       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization?       16       X         17       Did the organization rep	с				37
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12b       Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         b Was the organization a school described in section 170(b)(11)(A)(ii)? If "Yes," complete Schedule E       13       X         13       Is the organization navered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization a school described in section 170(b)(11)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17	_		11c		X
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization silability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization silability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         b       Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XI is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orgen for ganization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orgen individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report on Part IX, column (A	d	- · · · · · · · · · · · · · · · · · · ·			v
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave 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 II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign ingituiduals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 total of fundraising event gross income and contributions	_				
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any toreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I is and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I is and IV       16       X         18       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV		- · · · · · · · · · · · · · · · · · · ·	11e		
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         18       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), l	т		1 1 4	x	
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         if "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave 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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. See instructions       17       X	122			- 23	<u> </u>
b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Kes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part III and IV       16       X	120	· · · · · ·	12a	х	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 ot all of fundraising event gross income and contributions on Part VIII, lines 1c and 8? If "Yes," complete Schedule G, Part II       18       X </td <td>b</td> <td></td> <td>120</td> <td></td> <td></td>	b		120		
<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E</li> <li>13 X</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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</li> <li>14b X</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>16 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions</li> <li>17 X</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," omplete Schedule G, Part II</li> <li>20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b Z</li> <li>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 H. Parts I and II</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to this return?</li> <li>20b</li> </ul>	~		12b		x
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       It "Yes" to line 20a, did the organiza	13				X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       X       118       X         21       X       20a       X			14a		X
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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 H       20a       X	b				
15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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 H       20a       X         20a       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       20b       20b					
15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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 H       20a       X         20a       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       20b       20b		or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         19       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 H       20a       X         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       X	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         19       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       20b       21		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b       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       X	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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       20a       X			16		X
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         20a       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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 20       X	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization neport 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       X			17		
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	18	· · · ·		v	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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       X			18		<u> </u>
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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       X	19		-		v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	00-				
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       X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		<u> </u>
<b>5</b>	21	· · · ·	21	x	
	13200:				(2021)

11520829 793760 4209

2021.04021 TRAVIS MANION FOUNDATION

4

Form	aan	(2021)
	330	(2021)

			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	┢
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			┢
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		╇
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			t
	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		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			Ι
	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		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions):			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			Ľ
a	"Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		t
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			T
	"Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	Γ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Ι
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			t
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Τ
	Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		╀
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		╀
51		37		
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			╀
	Note: All Form 990 filers are required to complete Schedule O	38	х	
	t V Statements Regarding Other IRS Filings and Tax Compliance			
Par				_ I.
Par	Check if Schedule O contains a response or note to any line in this Part V			Ť
_	Check if Schedule O contains a response or note to any line in this Part V		Yes	ľ
1a	Check if Schedule O contains a response or note to any line in this Part V	j		
1a b	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         Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	j		
1a b	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       35         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	5	Yes	
1a b c	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         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         Ib         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming         (gambling) winnings to prize winners?	) 1c	Yes	
1a b c	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       35         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	) 1c	Yes	

Form 990	(2021)
Part V	Stat

## 021) TRAVIS MANION FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued)

				_	Yes	N
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		68			
	filed for the calendar year ending with or within the year covered by this return	2a			Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the second design of			2b	~	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			0-	х	
		·····		3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30	<u></u>	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other	2		4.		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		
D	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		$\vdash$
	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 t					
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	-				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as	required?	7g	N/	P
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Fo	orm 1098-C?	7h	N/	Z
в	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		Γ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		F
0	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against			-		
D		116				
2-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412		100		
		1 1		12a		┝
		12b		-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / A	10-		H
а	Is the organization licensed to issue qualified health plans in more than one state?		N/ A	13a		┝
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		L
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		L
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
5	excess parachute payment(s) during the year?			15		
5						
	If "Yes," see the instructions and file Form 4720, Schedule N.					
				16		
	If "Yes," see the instructions and file Form 4720, Schedule N.			16		
6	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	nt income? any		16		
6	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	nt income? any		16 17		
6	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	nt income? any		17	990	

Form 990	(2021)
----------	--------

X

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

	Check if Schedule O contains a response or note to any line in this Part VI					2
sect	tion A. Governing Body and Management					_
			1 1-	,	Yes	1
	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	17	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		10			
	Enter the number of voting members included on line 1a, above, who are independent	1b	16	2		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	-	•			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person? $\dots$			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		
	Did the organization become aware during the year of a significant diversion of the organization's as			5		L
6	Did the organization have members or stockholders?			6		L
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			L
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	Γ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					Τ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such o					T
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	5			t
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					t
	on Schedule O how this was done			12c	х	L
	Did the organization have a written whistleblower policy?			13	X	t
	Did the organization have a written document retention and destruction policy?			14	X	╉
				14		┢
5	Did the process for determining compensation of the following persons include a review and approv		ldependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	х	ŀ
	The organization's CEO, Executive Director, or top management official			15a	X	╀
	Other officers or key employees of the organization			15b	~	╀
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					L
	taxable entity during the year?			16a		╞
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ LA , ME , MD , MA , M	1I,M	N, MS, NH, NJ	, NM	,NY	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	D-T (section 501(c)(3	)s only	) avai	lal
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website I Upon request Other (explain	n on Sc	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, ar	nd finai	ncial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's be	ooks ar	nd records 🕨			
	RYAN MANION - 215-348-9080		·			
	164 E. STATE STREET, DOYLESTOWN, PA 18901					
2006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2
	7					
208	829 793760 4209 2021.04021 TRAVIS MANION	FOII	NOTTATI	420	9	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	tec
	mployees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			than (	one	Reportable	Reportable	Estimated	
	hours per	box,	, unles	less person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week			uuu		1/	(00)	from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or (	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) RYAN MANION	60.00							165 000		4 500
PRESIDENT OF TMF, DIRECTOR		Х		X				165,000.	0.	1,500.
(2) JOSH JABIN	60.00									4 0 5 0
CHIEF OPERATING OFFICER				X				137,500.	0.	1,250.
(3) AMY LOONEY-HEFFERNAN	60.00							100 000		4 0 5 0
VICE PRESIDENT OF TMF				Х				132,000.	0.	1,250.
(4) DON MOREL	5.00									•
CHAIRMAN		Х		X				0.	0.	0.
(5) ALEX GORSKY	1.00									0
VICE CHAIRMAN		Х		X				0.	0.	0.
(6) GENERAL JOSEPH DUMFORD	1.00									0
VICE CHAIRMAN		Х		X				0.	0.	0.
(7) THOMAS MANION USMCR RET.	20.00									0
CHAIRMAN EMERITUS	1 00	X		X				0.	0.	0.
(8) MARY KATHERINE HAM	1.00									0
SECRETARY	<b>_</b>	X		X				0.	0.	0.
(9) MAJOR ROBERT CROFT YOUNG USMCR	5.00							0	0	0
TREASURER	1 00	X		Х				0.	0.	0.
(10) BARBARA ORR	1.00	37		37				0	0	0
FORMER CHAIR	1 00	X		Х				0.	0.	0.
(11) JOHN DINOME	1.00	v		v				0.	0	0
IMMEDIATE PAST CHAIR	1.00	X		Х				0.	0.	0.
(12) NICK TRAINER	1.00	x						0.	0.	0.
DIRECTOR (13) PHILLIP KRIM	1.00	^						0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR (14) SCOTT BELVEAL	1.00	Δ						0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR (15) CAPT. CARLO PECORI USMCR	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) TIMOTHY RICHMOND	1.00	~						•	•	0.
DIRECTOR	<u> </u>	x						0.	0.	0.
(17) LT. GENERAL RONALD L. BAILEY, U	1.00	~						0.	0.	0.
(17) HI. GENERAL RONALD L. BAILEI, U DIRECTOR	<u> </u>	x						0.	0.	0.
		77						0.	0.	Form <b>990</b> (2021)
132007 12-09-21						~				1 0HH <b>330</b> (2021)

11520829 793760 4209

2021.04021 TRAVIS MANION FOUNDATION

8

Form 990 (2021) TRAVIS MANION FOUNDATION 41-2						237	951	- P	age <b>8</b>					
Par			ploy	ees			ighe	st C						
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not c , unle	Pos heck ss pe	more rson irecto	Highest compensated is pot a simployee	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	6	a cor t or ar	(F) stimat mount other npensa from th ganiza nd rela	of ation ne tion ted
		line)	Individ	Instituti	Officer	Key employee	Highest employ	Former				οις	janizat	
	ELYCIA MORRIS CTOR	1.00	x						0.		0.			0.
	KEITH PALMER	1.00	^						0.		0.			0.
	CTOR	1.00	x						0.		0.			0.
(20)	ALAN SHERIFF	1.00												
DIRE	CTOR		X						0.		0.			0.
	Subtotal								434,500.		0.		4,0	00.
	Total from continuation sheets to Part V								0. 434,500.		0.		1 0	0.
d 2	Total (add lines 1b and 1c)       434,500 ⋅         Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportab					000 of reportabl	• •		4,0	00.				
2	compensation from the organization		1030	iiote	Jula	001	0) 101	10 11			C			3
											_		Yes	No
3	Did the organization list any former officer,	-		key e	emp	loye	e, or	hig	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									•		4	x	
5	Did any person listed on line 1a receive or a											-		
	rendered to the organization? If "Yes," com					-			-			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co		•								pensa	ation	from	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	Itnir	n the organization's tax	year.			C)	
	Name and business	address	NC	ONE	Ξ				Description of s	ervices	C		ensatio	on
								+						
								1						
								$\square$						
2	Total number of independent contractors (i	ncluding but p	ot li	mite	d to	tho	م اند		above) who received m	ore than				
-	\$100,000 of compensation from the organi	•	JUI		u 10		0							
	;,;;;;;	-										Form	990	(2021)

132008 12-09-21

generation         1 a         27,142. b         1 a <th1 a<="" th=""> <th1 a<<="" th=""><th>Forr</th><th>n 99</th><th>0 (;</th><th></th><th>VI</th><th>S MAN</th><th>ION</th><th>FOUNDAT</th><th>ION</th><th></th><th>41-2237</th><th>951 Page 9</th></th1></th1>	Forr	n 99	0 (;		VI	S MAN	ION	FOUNDAT	ION		41-2237	951 Page 9
Total revenue         Total revenue         Difference         Difference <thdifference< th="">         Differenc         Dif</thdifference<>	Pa	rt V	/	Statement of Re	even	ue						
Total revenue         Predicted of exempt Unction revenue         Derwind exclusion Unction revenue         Predicted Unction state         P				Check if Schedule O	conta	ins a resp	onse	or note to any lir	e in this Part VIII			
Business Code         Busines									(A)	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
Business Code         Busines	ts	1	а	Federated campaigns		1a		27,142.				
Business Code         Busines	iran oun							,				
Business Code         Busines	Amo Amo G							144,834.				
Business Code         Busines	ar Sift											
Business Code         Busines	imi imi							696,600.				
Business Code         Busines	rior S		f	All other contributions, gifts,	grants	s, and						
Business Code         Busines	the			similar amounts not included	l abov	e 1f						
Business Code         Busines	and the second		g	Noncash contributions included in	n lines 1	la-1f <b>1g</b>	\$	99,870.				
2 a RACE REDISTRATION DUES AND FEES         900099         715,833         715,833           a	<u>a Ö</u>		h	Total. Add lines 1a-1f				<u> </u>	10,307,153.			
Be c         Image: c <thimage: c<="" th=""> <thimage: c<="" th=""> <thi< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td></thi<></thimage:></thimage:>							_					
9       Total. Add lines 2a?       715,833.         3       Investment income (including dividends, interest, and other similar amounts).       30,927.         4       Income from investment of tax-exempt bond proceeds       30,927.         5       Royattes       6a         6       a Gross rents       6a         9       Gross rents       6a         9       (0) Real       (0) Personal         7       a Gross rents       6a         9       (0) Securities       (0) Other         7       a Gross amount from sales of a Gross amount from sales of a Gross income from lundraising events       7b         7       a Gross income from lundraising events (not including \$_144,834. of contributions reported on line 1c). See Part IV, line 18       9a         9       Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a	vice	2		RACE REGISTRATION D	UES	AND FEE	s	900099	715,833.	715,833.		
9       Total. Add lines 2a?       715,833.         3       Investment income (including dividends, interest, and other similar amounts).       30,927.         4       Income from investment of tax-exempt bond proceeds       30,927.         5       Royattes       6a         6       a Gross rents       6a         9       Gross rents       6a         9       (0) Real       (0) Personal         7       a Gross rents       6a         9       (0) Securities       (0) Other         7       a Gross amount from sales of a Gross amount from sales of a Gross income from lundraising events       7b         7       a Gross income from lundraising events (not including \$_144,834. of contributions reported on line 1c). See Part IV, line 18       9a         9       Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a	Ser											
9       Total. Add lines 2a?       715,833.         3       Investment income (including dividends, interest, and other similar amounts).       30,927.         4       Income from investment of tax-exempt bond proceeds       30,927.         5       Royattes       6a         6       a Gross rents       6a         9       Gross rents       6a         9       (0) Real       (0) Personal         7       a Gross rents       6a         9       (0) Securities       (0) Other         7       a Gross amount from sales of a Gross amount from sales of a Gross income from lundraising events       7b         7       a Gross income from lundraising events (not including \$_144,834. of contributions reported on line 1c). See Part IV, line 18       9a         9       Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a	čen Ven											
9       Total. Add lines 2a?       715,833.         3       Investment income (including dividends, interest, and other similar amounts).       30,927.         4       Income from investment of tax-exempt bond proceeds       30,927.         5       Royattes       6a         6       a Gross rents       6a         9       Gross rents       6a         9       (0) Real       (0) Personal         7       a Gross rents       6a         9       (0) Securities       (0) Other         7       a Gross amount from sales of a Gross amount from sales of a Gross income from lundraising events       7b         7       a Gross income from lundraising events (not including \$_144,834. of contributions reported on line 1c). See Part IV, line 18       9a         9       Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from soft from sales of inventory, less returns and allowances       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a         9       a Gross income from gaming activities. See Part IV, line 18       9a	Be											
g Total. Add lines 2a 21       >       715, 833.         3       Investment income (including dividends, interest, and other similar amounts)       30, 927.       30, 927.         4       Income from investment of taxesempt bond proceeds       >       >         5       Royaties       (i) Real       (ii) Presonal       >         6a       Gross rents       6a       (ii) Presonal       >       >         7       Gross rents       6a       (iii) Other       >       >       >         7       Gross amout from sites of a sets of other basis and sales openess.       Iv)       >       >       >       >       >         8       Gross income from fundrating events (not including \$	Pro		-	All other program service	rever							
3       Investment income (including dividends, interest, and other similar amounts)       30,927.       30,927.         4       Income from investment of tax-exempt bond proceeds            5       Royaties            6       a Gross rents       6a            7       a Gross rents       6b            8       A Income or (loss)              7       a Gross anott from sales of tax than invertory              9       D Less: cost of ther bais and sales sequences       7b              7.a       To                8       Gross income from fundraling events  <			a						715,833.			
4       Income from investment of tax-exempt bond proceeds       >         5       Royaties       >         6       a Gross rents       6a         6a       (i) Real       (ii) Personal         6b       -       6c         1       C Rental income or (loss)       -         c       Rental income (loss)       -         7       Gross arount from sales of       -         8       Gross inor (loss)       -         8       Gross inor (loss)       -         8       Gross inome from fundraising events (not indraising events		3	<u> </u>									
4       Income from investment of tax-exempt bond proceeds       >         5       Royaties       >         6       a Gross rents       6a         6a       (i) Real       (ii) Personal         6b       -       6c         1       C Rental income or (loss)       -         c       Rental income (loss)       -         7       Gross arount from sales of       -         8       Gross inor (loss)       -         8       Gross inor (loss)       -         8       Gross inome from fundraising events (not indraising events				other similar amounts)				►	30,927.			30,927.
B a Gross rents       Ga       (i) Peal       (ii) Personal         b Less: rental expenses       Gb       (iii)         c Rental income or (loss)       (iii) Other         d Net rental income or (loss)       (iii) Other         a Gross amount from sales of assets other than inventory       Ivantal assets other than inventory       Ivantal assets other than inventory         b Less: cost or other basis and sales expenses       Ivantal       Ivantal       Ivantal         c Gain or (loss)       Ivantal       Ivantal       Ivantal       Ivantal         d Net gain or (loss)       Ivantal       Ivantal       Ivantal       Ivantal         d Net gain or (loss)       Ivantal       Ivantal       Ivantal       Ivantal         d Net gain or (loss)       Ivantal       Ivantal       Ivantal       Ivantal         d Net gain or (loss)       Ivantal       Ivantal       Ivantal       Ivantal         d Net gain or (loss) from fundraling events (not including §       Ivantal       Ivantal       Ivantal       Ivantal         b Less: direct expenses       Ba       89, 116       Ivantal       I		4										
6 a Gross rents       6a         b Less: rental expenses       6a         c Rental income or (loss)       6c         d Net rental income or (loss)       0         d Net rental income or (loss)       0         a Gross amount from sales of assets other than inventory       10         b Less: cost or other basis and sales expenses       7a         a Gross income from fundraising events (not including \$ 144,834, of contributions reported on line 1c). See       7a         a Gross income from fundraising events       -36,685         Part V, line 18       8a         b Less: direct expenses       8b         e Gross income from gaming activities.       -36,685         9 a Gross income from gaming activities.       -36,685         9 a Gross income from gaming activities.       9a         9 a Gross income from gaming activities.       9a         9 a Gross alse of inventory, less returns and allowances       9a         9 a Gross alse of inventory, less returns and allowances of inventory, less returns and allowances       9a         10 a Gross alse of inventory, less returns and allowances of inventory, less returns and allowances       9a         11 a		5		Royalties				►				
b         Less: rental expenses         6b						(i) Rea	al	(ii) Personal				
c       Rental income or (loss)       6c          d       Net rental income or (loss)       (i) Securities          7       a Gross amount from sales of than inventory       7a       (ii) Other         7       a Gross amount from sales of than inventory       7a       (iii) Other         7       a Gross income from fundraising events (not including \$144,8341cc       7b          8       a Gross income from fundraising events (not including \$144,8340f       a          contributions reported on line 1c). See       Ba       52,4310f          9       Gross income from gaming activities. See       -36,685		6	а									
d       Net rental income or (loss)			b									
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       10       10       17a         7a       7a       7b       7b       7c       7c         7b       7c       7c       7c       7c       7c         a Gross income from fundraising events (not including \$\frac{144,834_{.} of contributions reported on line 1c). See Part IV, line 18       8a       52,431_{.}       5c       -36,685_{.}       -36,685_{.}         9 a Gross income from fundraising events       -36,685_{.}       -36,685_{.}       -36,685_{.}       -36,685_{.}         9 a Gross income from gaming activities. See Part IV, line 18       8a       52,431_{.}       5c       -36,685_{.}         9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a       9a         9 b Less: direct expenses       9b       105,435_{.}       -36,685_{.}       -36,685_{.}         10 a Gross sales of inventory, less returns and allowances       10a       192,311_{.}       5c       5c       6c,876_{.}         11 a       5c       5c       0c       86,876_{.}       86,876_{.}       66,876_{.}         12       Total revenue       0c       0c       0c       0c       0c       0c         11 a       5c       0c<			c	· · · · ·								
assets other than inventory       7a       7a         b       Less: cost or other basis and sales expenses       7b       7c         c       Gain or (loss)       7c       7c         assets other from fundraising events       >       >         b       Less: cost or other basis and sales expenses       >       >         a       Gross income from fundraising events       >       >         b       Less: direct expenses       Bb       89, 116.         c       Net income or (loss) from fundraising events       >       -36, 685.         9       a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b       >         c       Net incorme or (loss) from gaming activities       >       -36, 685.         9       a       Gross income from gaming activities       >          10       a Gross sales of inventory, less returns and allowances       10a       192, 311.           b       Less: cost of goods sold       10b       105, 435.            c       Net income or (loss) from sales of inventory       >       86, 876.           gampand       <		-			»							
Bit Less: cost or other basis and sales expenses       To         c Gain or (loss)       To         d Net gain or (loss)       To         d Net gain or (loss)       To         d Net gain or (loss)       To         a Gross income from fundraising events (not including \$144,834. of contributions reported on line 1c). See Part IV, line 18       Ba         b Less: direct expenses       Bb         gain       Set income from gaming activities. See Part IV, line 19         b Less: direct expenses       9a         c Net income or (loss) from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9a         c Net income or (loss) from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9a         c Rorss sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       105,435.         c Net income or (loss) from sales of inventory       86,876.         stimess Code       Set inventory         gain       Set income or (loss) from sales of inventory         c d All other revenue       Set inventory         c d All other revenue       Set inventory         d All other revenue       Set inventory         d All other revenue       Set inventory <td></td> <td>  <b>'</b></td> <td>а</td> <td></td> <td>72</td> <td></td> <td>1105</td> <td></td> <td></td> <td></td> <td></td> <td></td>		<b>'</b>	а		72		1105					
and sales expenses       7b       7c       7c         c       Gain or (loss)       7c			h	•	14							
d       Net gain or (loss)       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	ne		~		76							
d       Net gain or (loss)       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	ven		с									
8 a Gross income from fundraising events (not including \$144,834. of contributions reported on line 1c). See Part IV, line 18	č							<b>&gt;</b>				
contributions reported on line 1c). See       Ba       52,431.         b       Less: direct expenses       Bb       89,116.         c       Net income or (loss) from fundraising events       -36,685.       -36,685.         9 a       Gross income from gaming activities. See       9a       -36,685.       -36,685.         9 a       Gross income from gaming activities. See       9a       -36,685.       -36,685.         10 a       Gross sales of inventory, less returns and allowances       10a       192,311.       -36,876.         b       Less: cost of goods sold       10b       105,435.       -36,876.       86,876.         c       Net income or (loss) from sales of inventory       86,876.       86,876.       86,876.         sometion       Gross sales of inventory       86,876.       86,876.       86,876.         c       Gross from sales of inventory       86,876.       86,876.       86,876.         to       Gross       Gross from sales of inventory       10a       10a       10a       10a         c       Gross from sales of inventory       86,876.       86,876.       86,876.       10a         c       Gross from sales of inventory       10a       10a       10a       10a       10a	her	8										
Part IV, line 18       8a       52,431.         b       Less: direct expenses       8b       89,116.         c       Net income or (loss) from fundraising events       -36,685.       -36,685.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       -36,685.       -36,685.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b	ð			including \$	144,	834. of						
b       Less: direct expenses       8b       89,116.         c       Net income or (loss) from fundraising events       -36,685.       -36,685.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -36,685.       -36,685.         b       Less: direct expenses       9a       9b						-						
c       Net income or (loss) from fundraising events       → -36,685.       -36,685.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       9b       0         c       Net income or (loss) from gaming activities       ▶       0       0         10 a       Gross sales of inventory, less returns and allowances       10a       192,311.       0       0         b       Less: cost of goods sold       10b       105,435.       86,876.       86,876.         some       11 a       Business Code       0       0       0         c       Income or (loss) from sales of inventory       86,876.       86,876.       0         some       Income or (loss) from sales of inventory       86,876.       0       0         c       Income or (loss) from sales of inventory       10       10       0       0         c       Income or (loss) from sales of inventory       10       10       0       0       0         c       Income or (loss) from sales of inventory       Income or (loss) from sales of inventory       0       10       10       0         c       Income or (loss) from sales of inventory       Income or (loss) from								,				
9 a Gross income from gaming activities. See   Part IV, line 19   b   b   c   10 a   Gross sales of inventory, less returns   and allowances   10 a   Gross sales of inventory, less returns   and allowances   10 a   Gross sold   10 b   10 a   Gross sales of inventory, less returns   and allowances   10 a   11 a   b   c   d   All other revenue   e   Total. Add lines 11a-11d   12   Total revenue. See instructions								89,116.	26,605			26.605
Part IV, line 19       9a       9b       9b         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities       0       0         10 a       Gross sales of inventory, less returns and allowances       10a       192,311.         b       Less: cost of goods sold       10b       105,435.         c       Net income or (loss) from sales of inventory       86,876.       86,876.         state       Business Code       0       0         11 a       Business Code       0       0         c       All other revenue       0       0       0         e       Total. Add lines 11a-11d       11,104,104.       715,833.       86,876.       -5,758						-		<u></u>	-36,685.			-36,685.
b       Less: direct expenses       9b       Image: second seco		9	а									
c       Net income or (loss) from gaming activities       ▶       ▶       ■			h									
10 a Gross sales of inventory, less returns and allowances       10a 192,311. 10b 105,435.       192,311. 10b 105,435.         b Less: cost of goods sold       10a 192,311. 10b 105,435.       86,876.         so performed of (loss) from sales of inventory       86,876.       86,876.         so performed of (loss) from sales of inventory       86,876.       86,876.         so performed of (loss) from sales of inventory       86,876.       86,876.         so performed of (loss) from sales of inventory       86,876.       66,876.         so performed of (loss) from sales of inventory       10a 192,311.       10a 192,311.         so performed of (loss) from sales of inventory       86,876.       86,876.         so performed of (loss) from sales of inventory       11,104,104.       715,833.         so performed of (loss) from sales of inventory       11,104,104.       715,833.         so performed of (loss) from sales of inventory												
and allowances       10a       192,311.         b       Less: cost of goods sold       10b       105,435.         c       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         soggenerative       11 a       Business Code       10         b       Image: sold inventory       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         soggenerative       Image: sold inventory       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         soggenerative       Image: sold inventory       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         b       Image: sold inventory       Net income or (loss) from sales of inventory       Net income or (loss) from sales of inventory         c       Image: sold inventory       Image: sold inventory       Net inventory         c       Image: sold inventory       Image: sold inventory       Image: sold inventory         intervention       Image: sold inventory       Image: sold inventory       Image: sold inventory         intervention       Image: sold inventory       Image: sold inventory       Image: sold inventory       Image: sold inventory         intervention       Image: sol												
b       Less: cost of goods sold       10b       105,435.       86,876.         sold       sold       86,876.       86,876.         sold       sold       sold       sold         sold       sold       sold       sold       sold         sold       sold       sold       sold       sold       sold         sold							10a	192,311.				
c       Net income or (loss) from sales of inventory       86,876.       86,876.         so openeous       11 a       Business Code       0         b       0       0       0         c       0       0       0         d       All other revenue       0       0         e       Total revenue. See instructions       11,104,104.       715,833.       86,876.       -5,758			b									
11 a									86,876.		86,876.	
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         11,104,104.       715,833.         86,876.       -5,758.	S							Business Code				
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         11,104,104.       715,833.         86,876.       -5,758.	eou	11	а									
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         11,104,104.       715,833.         86,876.       -5,758.	llan Tenu		b									
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         11,104,104.       715,833.         86,876.       -5,758.	Scel		-									
<b>12</b> Total revenue. See instructions <b>11,104,104.</b> 715,833. 86,8765,758	Ä							L				
		10					<u></u>	····· <b>P</b>	11 104 104	715 933	86 875	_5 750
	13200				5110			····· 🚩	,_,_,_,_,,_,,	····,···.		Form <b>990</b> (2021)

11520829 793760 4209

10 2021.04021 TRAVIS MANION FOUNDATION

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

Do not in	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
7b, 8b, 9b	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ts and other assistance to domestic organizations domestic governments. See Part IV, line 21	119,844.	119,844.		
	its and other assistance to domestic iduals. See Part IV, line 22	490,765.	490,765.		
3 Gran orga	nts and other assistance to foreign nizations, foreign governments, and foreign riduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	pensation of current officers, directors, ees, and key employees	475,250.	436,375.	16,063.	22,812
perso	pensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B)				
	er salaries and wages	3,423,571.	3,143,476.	115,791.	164,304
	ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions)				
	er employee benefits oll taxes	534,212.	436,336.	69,126.	28,750
	s for services (nonemployees):				
	agement				
	al				
	punting pying				
	essional fundraising services. See Part IV, line 17				
	stment management fees				
	er. (If line 11g amount exceeds 10% of line 25,				
-	nn (A), amount, list line 11g expenses on Sch O.)	608,163.	511,191.	47,211.	49,761
2 Adve	ertising and promotion	393,894.	274,582.	35,830.	83,482
3 Offic	e expenses	1,076,940.	782,476.	149,132.	145,332
4 Infor	mation technology				
5 Roya	alties		240.051		
6 Occi	upancy	365,138.	349,251.	8,623.	7,264
	el	91,670.	48,839.	25,904.	16,927
	nents of travel or entertainment expenses ny federal, state, or local public officials				
	ferences, conventions, and meetings	305,879.	248,550.	44,671.	12,658
0 Inter		,			,
	nents to affiliates				
	reciation, depletion, and amortization	5,927.	5,927.		
3 Insu	rance	34,820.	19,247.	15,365.	208
above line 2 amou	r expenses. Itemize expenses not covered e. (List miscellaneous expenses on line 24e. If the amount exceeds 10% of line 25, column (A), unt, list line 24e expenses on Schedule 0.)				
	NSULTING EXPENSES	358,987.	238,768.	91,036.	29,183
	HER EXPENSES	219,772.	76,207.	54,785.	88,780
	UIPMENT AND SERVICES	29,493.	28,345.		1,148
	ENT REGISTRATION	18,632.	1,829.		16,803
	ther expenses	1,722.	1,722.	673 537	667 110
	I functional expenses. Add lines 1 through 24e	8,554,679.	7,213,730.	673,537.	667,412
	t costs. Complete this line only if the organization				
	ted in column (B) joint costs from a combined ational campaign and fundraising solicitation.				
	there The if following SOP 98-2 (ASC 958-720)				
32010 12-09					Form <b>990</b> (20)

11520829 793760 4209

2021.04021 TRAVIS MANION FOUNDATION

11

11520829 793760 4209

Form 990 (2021)

14			. h.c	uline in this D-st V			
		Check if Schedule O contains a response or not	e to ar	y line in this Part X	(A)		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash pap interact bearing			235,292.	1	3,752,410.
	2	Cash - non-interest-bearing Savings and temporary cash investments	6,236,015.	2	1,618,443.		
	3			457,000.	2	236,375.	
	4	Pledges and grants receivable, net			3,080.	4	5,686.
	5	Accounts receivable, net Loans and other receivables from any current or			5,000.	4	5,000.
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit				5	
S	ľ	under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net		7			
Assets	8				91,119.	8	174,073.
As	9	Inventories for sale or use Prepaid expenses and deferred charges			208,380.	9	138,262.
		Land, buildings, and equipment: cost or other	 I I		20075000	3	100/2020
		basis. Complete Part VI of Schedule D	102	89.070.			
	h	Less: accumulated depreciation		89,070. 7,192.	0.	10c	81 878.
	11	Investments - publicly traded securities		11	81,878. 3,223,220.		
	12	Investments - other securities. See Part IV, line 1				12	5,225,220.
	13	Investments - program-related. See Part IV, line			13		
	14		5,858.	13	5,003.		
	14	Intangible assets	11,130.	14	14,630.		
		Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa			7,247,874.	16	9,249,980.
	16 17	Accounts payable and accrued expenses			428,385.	17	535,784.
	18				120,3031	18	33377011
	19	Grants payable Deferred revenue		15,516.	19	42,320.	
	20			10,0100	20	12,5200	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
	22	Loans and other payables to any current or form			21		
Liabilities	~~~	trustee, key employee, creator or founder, subst					
llidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	23	Unsecured notes and loans payable to unrelated			696,600.	23	
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on lines	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,140,501.	26	578,104.
		Organizations that follow FASB ASC 958, che					
sec		and complete lines 27, 28, 32, and 33.					
anc	27				1,752,861.	27	3,430,543.
Bal	28	Net assets with donor restrictions			4,354,512.	28	3,430,543. 5,241,333.
pu		Organizations that do not follow FASB ASC 9		<u> </u>			
Ŀ		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,107,373.	32	8,671,876.
~	33	Total liabilities and net assets/fund balances	7,247,874.	33	9,249,980.		
	•						Form <b>990</b> (2021)

Form	990 (2021) TRAVIS MANION FOUNDATION	41	-2237951	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,55		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,54	9,4	25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,10		
5	Net unrealized gains (losses) on investments	5	1	5,0	78.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,67	1,8	76.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

11520829 793760 4209

١

Department of the Treasury

Internal Revenue Service

(Form 990)

I

# 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-FZ 

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

I	2021
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

un											
				FOUNDATION					1-2237951	-	
	rt I	Reason for Public (		-				าร.			
The	organ	ization is not a private found									
1		A church, convention of chu				on 170(b)(1	1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	<b>)(b)(1)(A)(i</b> i	ii).				
4		A medical research organization	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's nan	ne,	
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental (	unit describ	oed in		
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6		A federal, state, or local gov	ernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	Χ	An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described	in	
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		A agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
-		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:	franc conege of agrie			name, eng	, and clare c	r the coneg			
10		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from (	contributio	ne membere	hin fees a	ad aross receipts	from	
10											
		activities related to its exem									
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the o	rganization	after June 30, 19	/5.	
		See section 509(a)(2). (Cor	• •		(-t- 0		00(-)(4)				
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. <b>You must c</b>	omplete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting orga	anization supervised	l or controlled in connect	tion with it	s support	ed organizatio	on(s), by ha	ving		
		control or management of the supporting organization vested in the same persons that control or manage the supported									
		organization(s). You must complete Part IV, Sections A and C.									
С		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,									
		its supported organization	n(s) (see instructions	b). You must complete F	Part IV, Se	ections A,	D, and E.				
d		<b>Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization(s)									
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-functio	nally integrated supporti	ing organiz	zation.					
f	Ente	er the number of supported o	organizations								
g	Pro	vide the following information	about the supporte	ed organization(s).							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of ot		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instruc	ctions)	
									L		
Tota											

Schedule A	(Form	aan	202
Schedule A		990)	202

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6074836.	5602451.	9065673.	8713655.	10307153.	39763768.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	6074836.	5602451.	9065673.	8713655.	10307153.	39763768.
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)						9777928.
6	Public support. Subtract line 5 from line 4.						29985840.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6074836.	5602451.	9065673.	8713655.	10307153.	39763768.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	4,218.	5,598.	8,064.	14,956.	30,927.	63,763.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$	23,470.	12,656.	3,299.		28,563.	67,988.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	93,441.	61,848.	43,566.	45,687.	52,431.	296,973.
11	Total support. Add lines 7 through 10						40192492.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,737,900.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ						
	Public support percentage for 2021 (					14	74.61 %
	Public support percentage from 2020					15	80.14 %
<b>1</b> 6a	33 1/3% support test - 2021. If the o	•					
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets th				• •		. —
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

11520829 793760 4209

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

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

(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
, <i>,</i>					
i l					
3					
			•	•	
► (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	rst, second, third,	fourth, or fifth tax	year as a section {	501(c)(3) orgar	nization,
olic Support Pe	rcentage				
(line 8, column (f), d	divided by line 13,	column (f))		15	%
				16	%
	nn (f), divided by l	ine 13, column (f))		17	%
				18	%
n <b>2020</b> Schedule A,	Part III, line 17				
n <b>2020</b> Schedule A, le organization did r	Part III, line 17	on line 14, and line	e 15 is more than 3	33 1/3%, and I	
n <b>2020</b> Schedule A, le organization did r and <b>stop here.</b> The	Part III, line 17 not check the box organization quali	on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	33 1/3% , and I ation	ine 17 is not ►
n <b>2020</b> Schedule A, le organization did r and <b>stop here.</b> The le organization did r	Part III, line 17 not check the box organization quali not check a box or	on line 14, and line fies as a publicly s n line 14 or line 19a	e 15 is more than 3 upported organiza a, and line 16 is mo	33 1/3% , and l ation ore than 33 1/3	►□ 3%, and
n <b>2020</b> Schedule A, le organization did r and <b>stop here.</b> The le organization did r neck this box and <b>st</b>	Part III, line 17 not check the box organization quali not check a box or <b>op here.</b> The orga	on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	33 1/3%, and l ation ore than 33 1/3 orted organiza	ine 17 is not 
n <b>2020</b> Schedule A, le organization did r and <b>stop here.</b> The le organization did r	Part III, line 17 not check the box organization quali not check a box or <b>op here.</b> The orga	on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	33 1/3% , and I ation ore than 33 1/3 orted organiza structions	ine 17 is not 
n <b>2020</b> Schedule A, le organization did r and <b>stop here.</b> The le organization did r neck this box and <b>st</b>	Part III, line 17 not check the box organization quali not check a box or <b>op here.</b> The orga	on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	33 1/3% , and I ation ore than 33 1/3 orted organiza structions	ine 17 is not 
	(a) 2017 (a) 2017 (a) 2017 (b) C Support Pe (line 8, column (f), c 20 Schedule A, Part	(ine 8, column (f), divided by line 13, 20 Schedule A, Part III, line 15	(a) 2017       (b) 2018       (c) 2019         (a) 2017	(a) 2017       (b) 2018       (c) 2019       (d) 2020         (b) 2018       (c) 2019       (d) 2020       (d) 2020         (a) 2017       (b) 2018       (c) 2019       (d) 2020         (b) 2018       (c) 2019       (d) 2020       (d) 2020         (b) 2018       (c) 2019       (d) 2020       (d) 2020         (b) 2018       (c) 2019       (d) 2020 <td>(a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (b) 2018       (c) 2018       (c) 2019       (d) 2020       (e) 2021         (b) 2018       (c) 2018       (c) 2018       &lt;</td>	(a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021         (b) 2018       (c) 2018       (c) 2019       (d) 2020       (e) 2021         (b) 2018       (c) 2018       (c) 2018       <

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

132024 01-04-21

2021.04021 TRAVIS MANION FOUNDATION

17

Schedule A (Form 990) 2021

## Schedule A (Form 990) 2021 TRAVIS MANION FOUNDATION Part IV Supporting Organizations (continued) FOUNDATION

1

2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			

	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.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Section C. Type in Supporting Organizations							

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	

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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### 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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

132025 01-04-22

3b | | Schedule A (Form 990) 2021

4209\_\_\_1

2a

2b

За

18 2021.04021 TRAVIS MANION FOUNDATION

Schedule A	(Form 990	) 202
------------	-----------	-------

## Schedule A (Form 990) 2021 TRAVIS MANION FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting or	anization (see

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) 2021

132026 01-04-22

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

Schedule A (Form 990) 2021

132027 01-04-22

11520829 793760 4209

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2017	AMOUNT :	Ś	93,441.			
	AMOUNT:		61,848.	 		 
	AMOUNT:	-	43,566.	 		 
2020	AMOUNT:	\$	45,687.			 
2021	AMOUNT :	\$	52,431.			 
				 		 A (Form 990)

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

41-	2237	951

FRAVIS	MANION	FOUNDATION	
	1111111010	1 001011111010	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

Employer identification number

41-2237951

### TRAVIS MANION FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 3,600,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 216,400. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 96,400. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 696,600. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 23

11520829 793760 4209

2021.04021 TRAVIS MANION FOUNDATION

Name of organization

Employer identification number

41-2237951

### TRAVIS MANION FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		   \$	
3453 11-11-21	24		Schedule B (Form 990) (

 $11520829 \ 793760 \ 4209$ 

2021.04021 TRAVIS MANION FOUNDATION

	B (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
TRAVIS	S MANION FOUNDATION		41-2237951
Part III		through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
	Transferee's name, address, a	Relationship of transferor to transferee	
Γ			·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
()))			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee

123454 11-11-21

11520829 793760 4209

25 2021.04021 TRAVIS MANION FOUNDATION

Schedule B (Form 990) (2021)

SCHEDULE D

Department of the Treasury Internal Revenue Service

. .

(Form	990)
-------	------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Employer identification number

41-2237951

Name of the organization

TRAVIS MANION FOUNDATION

F	(a) Donor advised	funds	(b) Funds and other	accounts
Total number at end of year				
2 Aggregate value of contributions to (during year)				
B Aggregate value of grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor advisors in w		d in donor advised fur	nds	
are the organization's property, subject to the organization's e	exclusive legal control?		Y	'es 🗌 N
Did the organization inform all grantees, donors, and donor ad				
for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose confe	rring	
impermissible private benefit?			Y	'es 🗌 N
art II Conservation Easements. Complete if the orga				
Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
Preservation of land for public use (for example, recreation	ion or education)	Preservation of a histo	orically important lar	nd area
Protection of natural habitat		Preservation of a cert	ified historic structu	re
Preservation of open space				
2 Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ition in the form of a co	onservation easeme	nt on the last
day of the tax year.			Held at the E	nd of the Tax Ye
a Total number of conservation easements			2a	
<b>b</b> Total acreage restricted by conservation easements			2b	
c Number of conservation easements on a certified historic stru			2c	
d Number of conservation easements included in (c) acquired at				
listed in the National Register	•		2d	
Number of conservation easements modified, transferred, rele				ах
year >	ueea, exangeneriea, er e		g	
Number of states where property subject to conservation easi	ement is located			
<ul> <li>Does the organization have a written policy regarding the period</li> </ul>		on bandling of		
violations, and enforcement of the conservation easements it				'es 🗌 N
Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, an	d emorcing conservati	on easements durin	g the year
Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and ant	introlog concernation of	a a manta during the	
	ing of violations, and em	ording conservation ea	asements during the	year
\$	acticfy the requirement	a of a setion $170/b/(1)/(1)$	<u>الاح</u>	
	, ,			'es 🗌 N
and section 170(h)(4)(B)(ii)?				
In Part XIII, describe how the organization reports conservatio		•		
balance sheet, and include, if applicable, the text of the footno	ote to the organization s	inancial statements tr	hat describes the	
organization's accounting for conservation easements. art III Organizations Maintaining Collections of	Art Historical Tra	asures or Other	Similar Accote	
	-		Similar Assets.	
Complete if the organization answered "Yes" on Form 9				
a If the organization elected, as permitted under FASB ASC 958	•			
	ic exhibition education		ince of public	
of art, historical treasures, or other similar assets held for publ				
service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	·	
<ul><li>service, provide in Part XIII the text of the footnote to its finance</li><li>b If the organization elected, as permitted under FASB ASC 958</li></ul>	cial statements that des 3, to report in its revenue	cribes these items. statement and balanc	e sheet works of	
service, provide in Part XIII the text of the footnote to its finance	cial statements that des 3, to report in its revenue	cribes these items. statement and balanc	e sheet works of	
<ul><li>service, provide in Part XIII the text of the footnote to its finance</li><li>b If the organization elected, as permitted under FASB ASC 958</li></ul>	cial statements that des 3, to report in its revenue	cribes these items. statement and balanc	e sheet works of	
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public of the service of the service</li></ul>	cial statements that des a, to report in its revenue exhibition, education, or	cribes these items. statement and balanc research in furtheranc	e sheet works of e of public service,	
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>b If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or provide the following amounts relating to these items:</li> </ul>	cial statements that des 8, to report in its revenue exhibition, education, or	cribes these items. statement and balance research in furtherance	the sheet works of the of public service,	
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>b If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> </ul>	cial statements that des 8, to report in its revenue exhibition, education, or	cribes these items. statement and balance research in furtherance	<ul> <li>be sheet works of</li> <li>be of public service,</li> <li>be \$</li> <li>be \$</li> </ul>	
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>b If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>	cial statements that des b, to report in its revenue exhibition, education, or sures, or other similar as	cribes these items. statement and balance research in furtherance sets for financial gain,	<ul> <li>be sheet works of</li> <li>be of public service,</li> <li>be \$</li> <li>be \$</li> </ul>	
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>b If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures</li> </ul>	cial statements that des 3, to report in its revenue exhibition, education, or sures, or other similar as SC 958 relating to these	cribes these items. statement and balance research in furtherance sets for financial gain, items:	<ul> <li>sheet works of</li> <li>e of public service,</li> <li>\$</li> <li>\$</li> <li>provide</li> </ul>	
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>b If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treas the following amounts required to be reported under FASB ASC</li> </ul>	cial statements that des a, to report in its revenue exhibition, education, or sures, or other similar as SC 958 relating to these	cribes these items. statement and balance research in furtherance sets for financial gain, items:	<pre>sheet works of te of public service,     \$     s     s     provide     \$ </pre>	
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>b If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASC 958 art, historical treat the following amounts required to be reported under FASB ASC 958 art, historical treat the following amounts required to be reported under FASB ASC 958 art, historical treat the following amounts required to be reported under FASB ASC 958 art Assets included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	cial statements that des 8, to report in its revenue exhibition, education, or sures, or other similar as SC 958 relating to these	cribes these items. statement and balance research in furtherance sets for financial gain, items:	<pre>sheet works of te of public service,     \$     s     provide     \$     s     s     s </pre>	(Form 990) 20
<ul> <li>service, provide in Part XIII the text of the footnote to its finance</li> <li>b If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASC</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>	cial statements that des 8, to report in its revenue exhibition, education, or sures, or other similar as SC 958 relating to these	cribes these items. statement and balance research in furtherance sets for financial gain, items:	<pre>sheet works of te of public service,     \$     s     provide     \$     s     s     s </pre>	

-		IANION FOUN					41-22			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	or Othe	er Simila	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	e following tha	t make si	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exe	change progra	am					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how they further	the organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or		,	,				-		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizati	on answered '	'Yes" on	Form 990	), Part IV,	line 9, o	r	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•					-		-
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						-	
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							1		1
	Did the organization include an amount on Fo					• • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									_
Par	t V   Endowment Funds. Complete if	(a) Current year	(b) Prior year	(c) Two year			ears hack	(e) Fou	r veare	hack
	Parimira of some holes of	1,250,000.			S DACK (			(e) 100	i yoars	DUCK
	Beginning of year balance	1,250,000.	1,250,000	•						
				-						
	Net investment earnings, gains, and losses			-						
	Grants or scholarships			-						
е	Other expenditures for facilities									
	and programs			-						
	Administrative expenses	1,250,000.	1,250,000	_						
-	End of year balance		, ,							
	Provide the estimated percentage of the curr	ent year end balance		(a)) neid as.						
	Board designated or quasi-endowment ►	0/	_%							
	Permanent endowment ► 100 Term endowment ► 9	%								
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
20	Are there endowment funds not in the posses	-	tion that are hold	and administo	rod for th	o organiz	vation			
Ja	by:	ssion of the organiza	luon inai are neiu			le organiz	ation		Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations									X
h	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •				00		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		, Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot		t or other		cumulate	bd	(d) Boo	k valu	
	becomption of property	basis (investm	• •	s (other)	. ,	reciation	~	(, 000		-
	Land	`	,	. /						
	Buildings									
	Leasehold improvements									
	Equipment		8	39,070.		7,1	92.	8	1,8	78.
	Other					,		-		
	Add lines 1a through 1e. (Column (d) must ed		X, column (B). line	10c.)				8	1,8	78.
		,	,	/			Sobodulo		-	

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D					FOUNDATION
Part VII	Investn	nents -	Other Securi	ties.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C) (D)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.           Complete if the organization answered "Yes"           (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.	Description		
Part IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"	Description		25.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.	Description		
art IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line           art X         Other Liabilities.           Complete if the organization answered "Yes"	Description		25.
art IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability	Description		25.
art IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (a)         (b)       must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes"         (a)       Description of liability         (1)       Federal income taxes         (2)       (c)	Description		25.
art IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)	Description		25.
art IX         Other Assets. Complete if the organization answered "Yes"           (a)         (a)           (1)         (a)           (2)         (a)           (3)         (a)           (4)         (b)           (5)         (c)           (6)         (c)           (7)         (c)           (a)         (c)           (a)         (c)           (b)         must equal Form 990, Part X, col. (B) line           art X         Other Liabilities.           Complete if the organization answered "Yes"           (a)         Description of liability           (1)         Federal income taxes           (2)         (3)           (4)         (a)	Description		25.
Part IX         Other Assets. Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line           art X         Other Liabilities. Complete if the organization answered "Yes"           (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)	Description		25.
Part IX         Other Assets. Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, col. (B) line           art X         Other Liabilities.           Complete if the organization answered "Yes"           (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)           (6)	Description		25.
Part IX         Other Assets. Complete if the organization answered "Yes"           (a)         (a)           (1)         (a)           (2)         (a)           (3)         (a)           (4)         (b)           (5)         (c)           (6)         (c)           (7)         (c)           (8)         (c)           (9)         (c)           tal. (Column (b) must equal Form 990, Part X, col. (B) line           Part X         Other Liabilities.           Complete if the organization answered "Yes"           (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)           (5)           (6)           (7)	Description		25.
Part IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (a)       (c)         (b)       must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a)       Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (c)	Description		25.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 TRAVIS MANION FOUNDATION	1		41-	2237951 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements Wit			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	18,609,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	15,078.		
b	Donated services and use of facilities		7,400,746.		
с					
d					
е	Add lines 2a through 2d			2e	7,415,824.
3	Subtract line 2e from line 1			3	11,193,220.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-89,116.		
	Add lines <b>4a</b> and <b>4b</b>			4c	-89,116.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	11,104,104.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	16,044,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	7,400,746.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d			89,116.		
е	Add lines 2a through 2d			2e	7,489,862.
3	Subtract line 2e from line 1			3	8,554,679.
4					
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Investment expenses not included on Form 990, Part VIII, line 7b	4b		4c	0.
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		4c 5	0. 8,554,679.
b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b			÷ •

00070F1

4209\_\_\_1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

THE BOARD OF DIRECTORS AND MANAGEMENT HAVE NOT YET ESTABLISHED INVESTMENT

AND SPENDING POLICIES FOR THE ENDOWMENT.

### PART X, LINE 2:

TMF HAS ADOPTED AN ACCOUNTING STANDARD REGARDING UNCERTAIN TAX POSITIONS.

THE STANDARD PRESCRIBES A MINIMUM THRESHOLD THAT A TAX POSITION IS

REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS.

TMF BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN THE

### STANDARD.

PART XI, LINE 4B - OTHER ADJUSTMENTS: Schedule D (Form 990) 2021 132054 10-28-21 29

Part XIII Supplemental Information (continued)

### SPECIAL EVENTS EXPENSES

-89,116.

89,116.

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

### SPECIAL EVENTS EXPENSES

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Infori	nation Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2021	
Department of the Treasury Internal Revenue Service	•		Attach to Form 990				•		Open to Public Inspection	
Name of the organizatio		to www.irs.	gov/Form990 for instr	uction	s and	the latest informat	ion.	Employer ide	entification number	
Dout L Fundacia			FOUNDATION					41-2237		
	complete this par		the organization answe	ered "Y	es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	or oral agreen art VII) or ent viduals or ent	f Solicita g Special nent with any individual ity in connection with p ities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes		
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
				Yes	No					
									-	
Total										
			d or licensed to solicit		outions	s or has been notified	d it is	exempt from r	egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the	Instructions for Form	990 or	990-1	EZ.		Schedul	e G (Form 990) 2021	

132081 10-21-21

4209\_\_\_1

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

		(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
2			(0.0	(10101110111201)	
	1 Gross receipts	197,265.			197,265
:	2 Less: Contributions	144,834.			144,834
;	<b>3</b> Gross income (line 1 minus line 2)	52,431.			52,431
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	29,385.			29,385
	7 Food and beverages	15,455.			15,455
-	8 Entertainment				
	9 Other direct expenses				44,276
1	10 Direct expense summary. Add lines 4 through			►	89,116
1	11 Net income summary. Subtract line 10 from				-36,685
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
-	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	• • • • • •	Yes%	Yes%	└── Yes %	
	6 Volunteer labor	└──┘ No	└──┘ No	No	
	7 Direct expense summary. Add lines 2 throug	gh 5 in column (d)		►	
	8 Net gaming income summary. Subtract line	7 from line 1, column (d)			
	Enter the state(s) in which the organization conc Is the organization licensed to conduct gaming a		states?		Yes
	If "No," explain:				
- - 1 = 1	Were any of the organization's gaming licenses	revoked, suspended, or t	erminated during the tax	year?	Yes No
	If "Yes," explain:				

32 2021.04021 TRAVIS MANION FOUNDATION

	edule G (Form 990) 2021	TRAVIS MANION			237951	Page <b>3</b>
11	Does the organization conduct g	aming activities with nonmerr	ibers?		Yes	No
	Is the organization a grantor, ber	neficiary or trustee of a trust, o	or a member of a partnership or other entity form	ed	Yes	No
13	Indicate the percentage of gamir					
					13a	%
					13b	%
			organization's gaming/special events books and			
	Name 🕨					
	Address 🕨					
15a	Does the organization have a co	ntract with a third party from v	whom the organization receives gaming revenue	?	Yes	🗌 No
b	If "Yes," enter the amount of gan	ning revenue received by the	organization <b>&gt;</b> \$ and the	amount		
	of gaming revenue retained by th	ie third party ►\$				
c	: If "Yes," enter name and address	s of the third party:				
	Name 🕨					
	Address ►					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation					
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
		er state law to make charitable	e distributions from the gaming proceeds to			
· ·	retain the state gaming license?				Yes	
b	•••		be distributed to other exempt organizations or s			
	organization's own exempt activi	ties during the tax year 🕨 \$				
Pa		-	nations required by Part I, line 2b, columns (iii) ar	ıd (v); and Pa	rt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide any	y additional information. See instructions.			
1000	22 10 01 01			Cohod		000\ 0004
1320	83 10-21-21		33	Schedi	ule G (Form	330j 202 l

11520829 793760 4209

Part IV Supplemental Information	on (continued)	
2084 11-18-21		Schedule G (Form 990)
20829 793760 4209	34 2021.04021 TRAVIS MANION FOUNDATIO	N 4209_1

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an lete if the organization	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047	
epartment of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for the latest information.							Open to Public Inspection	
Name of the organization TRAVIS	MANION FOUN	IDATION					Employer identification number $41 - 2237951$	
Part I General Information on Gra	ants and Assistance							
<ol> <li>Does the organization maintain records criteria used to award the grants on</li> <li>Describe in Part IV the organization</li> </ol>	r assistance?							
Part II Grants and Other Assistant recipient that received more	ce to Domestic Organ	izations and Domesti	<b>c Governments.</b> C	omplete if the org	anization answered	/es" on Form 990, Par	t IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	tion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ASSIST THE OFFICER HOUSTON 1600 STATE STREET HOUSTON, TX 77007	76-0455030	501(C)3	8,500.	0.			GRIEF SUPPORT EMOTIONAL RECOVERY	
ATHENS FIRE AUXILIARY PO BOX 1089 ATHENS, AL 35612	63-1186550	501(C)3	6,000.	0.			COMMUNITY BUILDING	
GENTLEMEN OF VISION 2833 N 14TH STREET ST LOUIS, MO 63107	27-3574889	501(C)3	10,000.	0.			BUILDING	
HOUSTON PROFESSIONAL FIREFIGHT LOCAL 341 - 1907 FREEMAN STREE HOUSTON, TX 77009		501(C)3	8,500.	0.			COMMUNITY BUILDING	
LOWER SOUTHAMPTON TOWNSHIP 1500 DESIRE AVE TREVOSE, PA 19053	23-6000404	501(C)3	5,500.	0.			WELLNESS	
SUMMERVILLE POLICE DEPARTMENT 300 W 2ND ST SUMMERVILLE, SC 29483	57-6001110	501(C)3	27,341.	0.			COMMUNITY BUILDING	
2 Enter total number of section 501(	c)(3) and government o	rganizations listed in th	e line 1 table				6.	
3 Enter total number of other organiz							• 0.	
LHA For Paperwork Reduction Act N	lotice, see the Instruct	tions for Form 990.					Schedule I (Form 990) 2021	

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NDIVIDUAL GRANTS	2762	490,765.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

### GRANTEES ARE REQUIRED TO SUBMIT DOCUMENTATION DEMONSTRATING HOW THE FUNDS

WILL BE USED PRIOR TO RECEIVING FUNDS AND DOCUMENTATION ONCE THE FUNDS ARE

UTILIZED.

SCHEDULE J	DULE J Compensation Information		OMB No. 1545-0047			
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				i	
Department of the Treasury	Attack to Forms 000				ic	
Internal Revenue Service	In all Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Name of the organizati	ame of the organization Employer					
Davit I Oursettie	TRAVIS MANION FOUNDATION	41-2	23795	T		
Part I Questio	ns Regarding Compensation					
				Yes	No	
	riate box(es) if the organization provided any of the following to or for a person listed on Form	1990,				
	A, line 1a. Complete Part III to provide any relevant information regarding these items. Charter travel Housing allowance or residence for perso					
Travel for co						
	ication and gross-up payments Health or social club dues or initiation fee					
	y spending account Personal services (such as maid, chauffer					
		ur, crier)				
<b>b</b> If any of the boxe	s on line 1a are checked, did the organization follow a written policy regarding payment or					
•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3 Indicate which, if	any, of the following the organization used to establish the compensation of the organization'	s				
	rector. Check all that apply. Do not check any boxes for methods used by a related organizat					
	sation of the CEO/Executive Director, but explain in Part III.					
X Compensatio						
	compensation consultant Compensation survey or study					
X Form 990 of	other organizations I Approval by the board or compensation of	committee				
4 During the year, d	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a	related organization:				x	
	a Receive a severance payment or change-of-control payment?					
	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?					
c Participate in or receive payment from an equity-based compensation arrangement?					X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
• • • • • •						
	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
contingent on the					x	
	instian				X	
	ization?		5b			
	or 5b, describe in Part III.	00				
6 For persons listed contingent on the	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation pet earnings of					
			6a		x	
	ization?				X	
	or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s				
	lines 5 and 6? If "Yes," describe in Part III		7		X	
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t					
	ception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
	did the organization also follow the rebuttable presumption procedure described in					
	on 53.4958-6(c)?		9			
	Reduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990)	) 2021	
				-		

132111 11-02-21

11520829 793760 4209

#### 41-2237951

### 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-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RYAN MANION	(i)	165,000.	0.	0.	1,500.	0.	166,500.	0.
PRESIDENT OF TMF, DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
· · · · · ·	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

### 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.

Schedule J (Form 990) 2021

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number
11-2237951

	TRAVIS MANIO	N FOUN	DATION			41-2	2237	951	
Pa	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1 <u>c</u>	n	<b>(d</b> Method of c oncash contrib	letermin	•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	12,920	.FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other $\blacktriangleright$ ( <u>TRAILER AND G</u> )	X	1	86,950	• F.WA				
26	Other ( )								
27	Other ( )								
28	Other ()			<u> </u>					
29	Number of Forms 8283 received by the organi							0	
	for which the organization completed Form 82	83, Part V, E	Donee Acknowledg	jement 29				0	
								Yes	No
30a	During the year, did the organization receive b	,	, , , ,	,	0 /				
	must hold for at least three years from the dat								v
	exempt purposes for the entire holding period	?					30a		X
	If "Yes," describe the arrangement in Part II.								v
31	Does the organization have a gift acceptance					·	31		X
32a	Does the organization hire or use third parties		-						v
	contributions?						32a		X
	If "Yes," describe in Part II.			<b>,</b> ,,, , ,,, ,					
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y tor which column (a) is ch	ecked,				
	describe in Part II.								

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

Schedule M (Form 990) 2021

132141 11-17-21

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

20829 793760 4209	2021.04021	41 TRAVIS	MANTON	FOUNDAT	ION	42091
132142 11-17-21					Schedule	M (Form 990) 202

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



TRAVIS MANION FOUNDATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

A BACK-TO- SCHOOL DAY OF CHARACTER AND SERVICE DURING AUGUST, AND OTHER SERVICE PROJECTS AROUND VETERANS DAY AND MLK DAY. TMF ALSO ACTIVATES COMMUNITIES THROUGH A NATIONAL 5K RACE SERIES, THE 9/11 HEROES RUN. IN 2022, 84 LOCATIONS HOSTED RUNS WITH 20,896 PARTICIPANTS HONORING THE HEROES OF 9/11 AND THE WARS SINCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICE-BASED EXPEDITIONS. IN 2022, TMF HOSTED 6 EXPEDITIONS WHERE 74 SURVIVORS SPENT A WEEK TOGETHER SERVING COMMUNITIES IN NEED, IN HONOR OF THEIR LOST LOVED ONES. THEY PROVIDE CAMARADERIE, SUPPORT AND RENEWED PURPOSE TO SURVIVING FAMILY MEMBERS TO LEARN TOOLS TO MOVE FORWARD IN THEIR PERSONAL JOURNEY. TMF HOSTED A NATIONAL SUMMIT AS WELL AS SIX REGIONAL SUMMITS FOR OUR TOP VOLUNTEER LEADERS TO CONTINUE HONING THEIR VOLUNTEER LEADERSHIP SKILLS. ADDITIONALLY, VETERANS AND SURVIVORS CONTINUE TO DEVELOP STRONG RELATIONSHIPS AND FEEL A SENSE OF PURPOSE BEYOND PERSONAL DEVELOPMENT WORKSHOPS AND EXPEDITIONS BY BEING INVOLVED MEMBERS AND PARTICIPATING IN TMF EVENTS THROUGHOUT THE YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHARACTER DOES MATTER IN 2022, OF WHICH 50% ARE CONSIDERED "AT-RISK" OR "UNDER-RESOURCED" YOUTH.

FORM 990, PART VI, SECTION A, LINE 2:

 THOMAS
 MANION
 (CHAIR
 EMERITUS
 IS
 THE
 FATHER
 OF
 RYAN
 MANION
 (PRESIDENT)

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21
 Schedule O (Form 990) 2021

11520829 793760 4209

42 ג תחת 1

2021.04021 TRAVIS MANION FOUNDATION 4209\_\_\_1

41-2237951

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

THE FORM 990 IS REVIEWED BY THE PRESIDENT, COO, FINANCE MANAGER, FINANCE CONSULTANT, AND THE TREASURER OF THE BOARD OF DIRECTORS. A COPY OF THE FORM 990 IS THEN PROVIDED TO THE ENTIRE BOARD. THE BOARD OF DIRECTORS WILL THEN REVIEW THE FORM 990 AT THE NEXT BOARD MEETING.

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

THE BOARD AND MANAGEMENT REQUIRES THOSE WITH A CONFLICT (OR WHO THINK THEY MAY HAVE A CONFLICT) TO DISCLOSE THE CONFLICT/POTENTIAL CONFLICT, AND PROHIBIT INTERESTED BOARD MEMBERS FROM VOTING ON ANY MATTER IN WHICH THERE IS A CONFLICT.

WE EXPECT DIRECTORS, OFFICERS AND KEY EMPLOYEES TO ACT IN THE BEST INTEREST OF TMF. OUR GOAL IS TO RAISE AWARENESS, ENCOURAGE DISCLOSURE AND DISCUSSION OF ANYTHING THAT MAY BE A CONFLICT, AND CONSTANTLY ENCOURAGE A CULTURE OF CANDOR.

A QUESTIONNAIRE IS CIRCULATED TO FIND OUT WHETHER ANY BOARD OR STAFF MEMBER HAS A CONFLICT OF INTEREST. THE QUESTIONNAIRE ASKS BOARD AND STAFF MEMBERS TO DISCLOSE EXISTING CONFLICTS AND REMINDS THEM TO DISCLOSE ANY FUTURE CONFLICTS AS THEY ARISE.

 FORM 990, PART VI, SECTION B, LINE 15:

 THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABLE

 SALARIES UTILIZING GUIDESTAR'S NATIONAL COMPENSATION REPORT AND OTHER DATA

 FROM PUBLICLY AVAILABLE SOURCES. THE HUMAN RESOURCES COMMITTEE WILL THEN

 MAKE COMPENSATION RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE FOR APPROVAL.

 132212 11-11-21
 132212 11-11-21

 43

 2021.04021 TRAVIS MANION FOUNDATION
 4209

ALL EMPLOYEES RECEIVE A REVIEW FROM THEIR SUPERVISOR. ALL SALARIES AT THE DIRECTOR LEVEL OR HIGHER ARE THEN REVIEWED/APPROVED BY THE BOARD OF

DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MO

FORM 990, PART VI, SECTION C, LINE 19:

PRIOR YEAR FORM 990 IS AVAILABLE ON THE WEBSITE TO ANYONE. ALL OTHER

INFORMATION IS AVAILBLE UPON REQUEST.

Schedule O (Form 990) 2021

132212 11-11-21

rem       990-T       Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) To caledar yes 20th or the tax we bodying APR 1, 2021, and enting MAR 31, 2022 <ul> <li>C caledar yes 20th or other were bodying APR 1, 2021, and enting MAR 31, 2022</li> <li>C caledar yes 20th or other bases on this form as it may the add position is a solicitor.</li> <li>C caledar yes 20th or other bases on this form as it may the add position is a solicitor.</li> <li>C caledar yes 20th or other bases on this form as it may the add position is a solicitor.</li> <li>C caledar yes 20th or other bases on this form as it may the add position is a solicitor.</li> <li>C caledar yes 20th or other bases on this form as it may the add position is a solicitor.</li> <li>C caledar yes 20th or other bases on this form as other and the solicitor.</li> <li>C caledar yes 20th or other bases on this form as other and the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th or other bases on the add the solicitor.</li> <li>C caledar yes 20th organization filling a consolicitated the other add the solicitor.</li> <li>C caledar yes 20th 20th 20th organization filling a consolicita</li></ul>		** PUBLIC DISCLOSURE COPY **							
Per calendar year 2011 or other to any emproying APR 1, 2021 and rule_ MAR 31, 2022       CUC1         Department of the Treasery internal Researce Science (Standard, Park 1, 2011)       Do not enter SSR numbers on this form as it may be made public if your organization is a 501(c)(3).       Culture Provide Researce Science (Standard, Park 1, 2021)       Department of the Treaser's internation.         B Leempt under section       Print (Standard, Park 2012)       TRAV 0120 ND Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2022)       Department of the Treaser's internation (Coll (Standard, Park 1, 2023)       Department of the Treaser's internation (Coll (Standard, Park 1, 2023)       Department of the Treaser's internation (Coll (Standard, Park 1, 2023)       Department of the Treaser's internation (Coll (Standard, Park 1, 2023) <td< td=""><td>Form <b>990-T</b></td><td>'n∣</td><td>OMB No. 1545-0047</td></td<>	Form <b>990-T</b>	'n∣	OMB No. 1545-0047						
Dependence of the Treatwy         ► Go to www.irs.gov/Form900T for instructions and the latest information.         Description of the treatmy is the made public if your organization is a 501(c)(3).           A									
Dense and a second "/         Dense on this form as it may be made public if your organization is a 501(c)(3).         Dense of a second secon		ΖυΖ Ι							
A       Check box if address changed.       Name of organization ( □ Check box if name changed and see instructions.)       DEmologer identification number 408(e)         B       Exempt under section 408(e)       TRAVIS MANION FOUNDATION 408(e)       Each 202(e)         408(e)       220(e)       Number, street, and room or suite no. If a P.0. box, see instructions.       Each 202(e)         408(e)       220(e)       Number, street, and room or suite no. If a P.0. box, see instructions.       Each 202(e)         202(e)       CB ook value of all assets at end of year       > 9, 249, 980.         C       Bock value of all assets at end of year       > 9, 249, 980.         C       Bock value of all assets at end of year       > 9, 249, 980.         Check if a 501(c) (Corporation       S01(c) (trust       401(a) trust       Other trust         Check if a 501(c) (Corporation a subsidary in an affiliated group or a parent-subsidiary controlled group?       > 1         K       During the tax year, was the corporation a subsidary in an affiliated group or a parent-subsidiary controlled group?       > 1         The books are in care of ▶ RYAN MANION       Telephone number ▶ 215-348-9080         Part I       Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)       1       28, 563.         2       Total of unrelated business taxable income beforn etoperating losse. Subtr			3)	Open to Public Inspection for					
A       Collect North       Collect North       A       1       2237951         B       Exempt under section       TRAVIS MANION FOUNDATION       41-2237951         Collect North       TRAVIS MANION FOUNDATION       41-2237951         Ad08a       530(a)       Travistion (a far P.0. box, see instructions.       Ecoup exemption number         Sector North       PO BOX 1485       Ecoup exemption number       Ecoup exemption number         Sector North       PA 18901       Solic(c) Corporation       9,249,980.       Ecoup exemption number         Check organization type ►       XS 501(c) Corporation       501(c) trust       401(a) trust       Other trust         H       Check if filing only to ►       Claim credit from Form 8641       Claim a refund shown on Form 2439       Image: Solic(c) Corporation       Image: Solic(c) Corporation         K       During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       Yes       Yes       X No         H**       Total of unrelated business Taxable income computed from all unrelated trades or businesses (see instructions)       1       28,563.         P Call of unrelated business taxable income before net operating loss. Subtract line 3       5 25,807.       5 25,807.         G charitable contributions (see instructions for ilimitation rules)       STIMT 1 </td <td></td> <td></td> <td></td> <td></td>									
X       S01(C) (3)       1       00(e)       20(e)       20(e)       PD <box 1485<="" td="">       EGroup exemption number         0       04084       530(a)       559(a)       529(a)       529(a)       529(a)       529(a)       529(a)       X       9,249,980.       F       Check kox if       an amended return.         C       Check organization type / X       501(c) trust       01(a) trust       Other trust       F       Check kox if       an amended return.         H       Check if filing only to       Claim credit from Form 8941       Claim a returd shown on Form 2439       Immuber of attacked Schedules A (Form 990-7)       Immuber of attacked Schedules A (Form 990-7)       Immuber of attacked Schedules A (Form 990-7)       Immuber of the check Schedules A (Form 90-7)       Immuber of the check Schedules A (Form 90-7)       Immuber of the check Schedules A (Form 90-7)       Immuber of the check Schedules A (Form 90-7)</box>		Name of organization ( Check box if name changed and see instructions.)							
Image: Sector A       Type       Implementation of submer to any defined in the two day, see instructions.       Implementation of the two days and the two days and the two days and the two days and two days days and days and two days and two days and two days days and t									
□ 40080       □ 20010       □ PD BOA 1483         □ 4008       530(a)       □ DYLESTOWN, PA 18901       F       □ Check box if an amended return.         □ C Book value of all assets at end of year       > 9,249,980.       F       □ Check corganization type > XI 501(c) corporation       > 010(c) corporation		Type Inditibel, sileet, and room of suite no. If a F.O. box, see instructions.							
□ 529(a)       □ DOYLESTOWN, PA 18901       F       □ Check box if an amended return.         C Check organization type X 501(c) corporation       □ 501(c) trust       ↓ 401(a) trust       ○ Other trust         H Check if filing only to        □ Claim credit from Form 8941       □ Claim a refund shown on Form 2439       □         J Enter the number of attached Schedules A (Form 990 T)       ↓       1       ↓       ↓         J Enter the number of attached Schedules A (Form 990 T)       ↓       ↓       ↓       ↓         K During the tax year, was the corporation a subsidiary in an affiliated group or a parentsubsidiary controlled group?       ↓       Yes       X       No         H Total Onrelated Business Taxable income       ↓       1       Telephone number > 215-348-9080       215-348-9080         Part1       Total of unrelated Business taxable income computed from all unrelated trades or businesses (see instructions)       1       2       2         Add lines 1 and 2       .       .       .       .       2       2       3       28, 563.         C Charitable contributions (see instructions for limitation rules)       .       .       .       2       2       3       28, 563.       .       25, 807.       6       .       25, 807.       8       1,000.       .       5       25, 80	408(e) 220(e)	PO BOX 1485							
C Book value of all assets at end of year       9,249,980.       an amended retum.         G Check organization type ▲ X 501(c) corporation □ 501(c) trust ↓ 401(a) trust ↓ Other trust       An ended return.         M Check if filing only to ▲ Claim credit from Form 9941 ↓ Claim a refund shown on Form 2439       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c) corporation       Image: Check if a 5	408A 530(a)								
G       Check organization type       X 501(c) corporation       501(c) trust       401(a) trust       Other trust         H       Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation         J       Enter the number of attached Schedules A (Form 990-T)       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation         I       Tota true the name and identifying number of the parent corporation.       Image: Check if a 501(c)(2) titleholding corporation       Image: Check if a 501(c)(2) titleholding corporation         I       Total of unrelated Business Taxable income computed from all unrelated trades or businesses (see instructions for limitation rules)       STMT 1       4       2, 756.         I       Total of unrelated business taxable income before net operating losse. Subtract line 4 from line 3       5       25, 807.         I       Deduction for net operating loss. See instructions for exceptions)       Image: Check if a 2, 756.       5       5       25, 807.         I <t< td=""><td>529(a) 529A</td><td></td><td>_ F</td><td>Check box if</td></t<>	529(a) 529A		_ F	Check box if					
H       Check if filing only to       □       Claim credit from Form 8941       □       Claim a refund shown on Form 2439         I       Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       ▶       1         J       Enter the number of attached Schedules A (Form 990-T)       ▶       1         K       During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       ▶       Yes       X         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If otal Unrelated Business taxable income computed from all unrelated trades or businesses (see       1       215-348-9080       2       2       3       28,563.       2       2       3       28,563.       2       2       3       28,563.       2       2       3       28,563.       2       5       5       5       5       25,807.       6       6       7       25,807.       6       6       7 </td <td></td> <td>C Book value of all assets at end of year &gt; 9,249,980.</td> <td></td> <td>an amended return.</td>		C Book value of all assets at end of year > 9,249,980.		an amended return.					
I       Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation       Image: Constraint of the constraint of thecos theconstraint of theconstraint of the constraint	G Check organization	type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust							
J       Enter the number of attached Schedules A (Form 990-T)       ▶ 1         K       During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       ↓ Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Zels.563.       2         If the instructions)	H Check if filing only to	▷ ►							
J       Enter the number of attached Schedules A (Form 990-T)       ▶ 1         K       During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       ↓ Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       1       Zels.563.       2         If the instructions)	Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation							
K       During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group?       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation.       Ime books are in care of ► RYAM MANION       Telephone number ► 215-348-9080         Part I       Total Unrelated Business Taxable Income       Ime books are in care of ► RYAM MANION       Telephone number ► 215-348-9080         Part I       Total Unrelated Business Taxable Income       Image: Complex of ► RYAM MANION       Telephone number ► 215-348-9080         Part I       Total Unrelated Business Taxable Income       Image: Complex of ► RYAM MANION       Telephone number ► 215-348-9080         Part I       Total Unrelated Business Taxable Income       Image: Complex of ► RYAM       Image: Complex of ► RYAM         2       3       28,563.       2       3       28,563.         3       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.         5       Total of unrelated business taxable income before net operating losse. Subtract line 4 from line 3       6       7       25,807.         6       7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       8       1,000.         9       10       1,000.       1       26,807.				1					
If "Yes," enter the name and identifying number of the parent corporation.       >         I. The books are in care of ▶ RYAN MANION       Telephone number ▶ 215-348-9080         Part I Total Unrelated Business Taxable Income       1         1 Total of unrelated Business Taxable income computed from all unrelated trades or businesses (see instructions)       1         2 Reserved       2         3 Add lines 1 and 2       2         4 Charitable contributions (see instructions for limitation rules)       STMT 1         4 2,756.       5         5 Total or net operating loss. See instructions       6         7 Total of unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5         6 Deduction for net operating loss. See instructions for exceptions)       8         9 Total deduction (generally \$1,000, but see instructions for exceptions)       8         9 Total deduction. See instructions       9         10 Total deduction. See instructions for tax computation. Income tax on the amount on Part I, line 11 form: Tax rate schedule or Schedule D (Form 1041)       1       5,209.         1 Proxy tax. See instructions       4       2       3       4         3 Other tax amounts. See instructions       5       5       209.         1 Total of unrelated business taxable income. Subtract line 10 form line 7. If line 10 is greater than line 7, enter zer				Yes X No					
L       The books are in care of ▶ RYAN MANION       Telephone number ▶ 215-348-9080         Part I       Total of unrelated Business Taxable Income       1         1       Total of unrelated Business Taxable Income computed from all unrelated trades or businesses (see instructions)       1       28,563.         2       3       Add lines 1 and 2       3       28,563.         3       Add lines 1 and 2       3       28,563.         4       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.         5       Total of unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       25,807.         6       7       25,807.       8       1,000.       9         10       Trusts. Section 199A deduction. See instructions for exceptions)       8       1,000.       9         10       Total deductions. Add lines 8 and 9       10       1,000.       1       24,807.         11       Tax Computation       Income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       1       5,209.       1       5,209.         11       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.       1       5,209.       1			-						
Part I       Total Unrelated Business Taxable Income         1       Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)       1       28,563.         2       Reserved       3       28,563.         3       Add lines 1 and 2       3       28,563.         4       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.         5       Total of unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       25,807.         6       6       7       25,807.       6         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       8       1,000.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       9       9       10       1,000.         9       10       1,000.       10       1,000.       1       1,000.       1       2,807.         11       Taxts. Section 199A deduction. See instructions for tax computation.       9       10       1,000.       1       2,807.         10       Total deductions. Add lines 8 and 9       10       1,000.       1       2,807.         11       Taxt accomputation       1		re of <b>RYAN MANION</b> Telephone number	215-	348-9080					
instructions)       1       28,563.         2       3         3       Add lines 1 and 2       3       28,563.         4       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.         5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       25,807.         6       6       7       25,807.         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       5       25,807.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       8       1,000.         9       10       1,000.       1,000.       1,000.         9       10       1,000.       1,000.       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         11       Tax Computation       1       5,209.       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.         2       1       5,209.       5       5       5         3       4									
instructions)       1       28,563.         2       3         3       Add lines 1 and 2       3       28,563.         4       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.         5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       25,807.         6       6       7       25,807.         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       5       25,807.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       8       1,000.         9       10       1,000.       1,000.       1,000.         9       10       1,000.       1,000.       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         11       Tax Computation       1       5,209.       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.         2       1       5,209.       5       5       5         3       4	Total of unrelated	husiness taxable income computed from all unrelated trades or husinesses (see							
2       Reserved       2         3       Add lines 1 and 2       3       28,563.4         4       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.5         5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       25,807.6         6       5       25,807.6       6       6         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       6       7       25,807.8         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       8       1,000.9       9       10       1,000.1,000.0         9       10       1,000.0       1,000			1	28.563.					
3       Add lines 1 and 2       3       28,563.         4       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.         5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       6       5       25,807.         6       Total of unrelated business taxable income before specific deduction and section 199A deduction.       6       7       25,807.         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       7       25,807.       6         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       9       1       0       1,000.         9       Total deductions. Add lines 8 and 9       9       10       1,000.       9         10       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       1       24,807.         11       Draganizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.         3       Other tax amounts. See instructions       4       4       4         4       Other tax amounts	,			20,0001					
4       Charitable contributions (see instructions for limitation rules)       STMT 1       4       2,756.         5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       25,807.         6       7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       7       25,807.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       9       7       25,807.         9       Trusts. Section 199A deduction. See instructions for exceptions)       9       10       1,000.         9       Total deductions. Add lines 8 and 9       10       1,000.       1       24,807.         10       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         11       Draw computation       1       5,209.       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.       3         3       Other tax amounts. See instructions       4       5       5       5       5         4       Other tax amounts. See instructions       5       5       5       5       5       5       5 </td <td></td> <td></td> <td></td> <td>28 563</td>				28 563					
5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       25,807.         6       Deduction for net operating loss. See instructions       6       7         7       Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5       7       25,807.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       8       1,000.         9       10       1,000.         10       1,000.       1       000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         11       Tax Computation       1       5,209.       1         2       Trusts taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trust taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.         3       4       4       5       6         4       5       6       6         7       5,209.       5       6         7       5,209.       7       5,209.									
6       Deduction for net operating loss. See instructions         7       Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5         8       Specific deduction (generally \$1,000, but see instructions for exceptions)         9       Trusts. Section 199A deduction. See instructions         10       Total deductions. Add lines 8 and 9         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero         11       Tax Computation         1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)         1       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:         1       Proxy tax. See instructions         3       Proxy tax. See instructions         4       Other tax amounts. See instructions         5       Alternative minimum tax (trusts only)         6       Tax on noncompliant facility income. See instructions         7       5, 209.	4 Chantable contrib								
7       Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5       7       25,807.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       8       1,000.         9       10       1,000.         9       10       1,000.         10       1,000.       1         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         11       Tax Computation       1       5,209.         1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       Tax rate schedule or       Schedule D (Form 1041)       2         3       Proxy tax. See instructions       4       5       6         4       5       6       5       6         5       Alternative minimum tax (trusts only)       5       6         6       7       5,209.       7       5,209.				23,007.					
Subtract line 6 from line 5       7       25,807.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       8       1,000.         9       Trusts. Section 199A deduction. See instructions       9         10       Total deductions. Add lines 8 and 9       10       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         Part II       Tax Computation       1       5,209.       1       5,209.         2       Trusts taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.         3       Proxy tax. See instructions       3       4       5         4       5       6       6       6         5       Alternative minimum tax (trusts only)       5       6       7       5,209.         6       Tax on noncompliant facility income. See instructions       7       5,209.       7       5,209.			6						
<ul> <li>8 Specific deduction (generally \$1,000, but see instructions for exceptions)</li> <li>9 Trusts. Section 199A deduction. See instructions</li> <li>9 10 1,000.</li> <li>1 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero</li> <li>1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)</li> <li>1 5,209.</li> <li>1 5,209.</li> <li>2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)</li> <li>2 Content tax amounts. See instructions</li> <li>4 Other tax amounts. See instructions</li> <li>4 Atternative minimum tax (trusts only)</li> <li>6 Tax on noncompliant facility income. See instructions</li> <li>7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies</li> </ul>				25 007					
9       Trusts. Section 199A deduction. See instructions       9         10       Total deductions. Add lines 8 and 9       10       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         Part II       Tax Computation       1       5,209.       1       5,209.         1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       Tax rate schedule or       Schedule D (Form 1041)       2         3       4       Other tax amounts. See instructions       4       5         4       5       Alternative minimum tax (trusts only)       5       6         6       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       5, 209.									
10       Total deductions. Add lines 8 and 9       10       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         Part II       Tax Computation       1       5,209.       1       5,209.         1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       7 arate schedule or       Schedule D (Form 1041)       2         3       Proxy tax. See instructions       4       5       4       5         4       5       Alternative minimum tax (trusts only)       5       6         6       Tax on noncompliant facility income. See instructions       6       7       5,209.				1,000.					
11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       24,807.         Part II       Tax Computation       1       5,209.         1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.         3       Proxy tax. See instructions       3       3         4       Other tax amounts. See instructions       4       5         5       Alternative minimum tax (trusts only)       5       6         6       Tax on noncompliant facility income. See instructions       6       7         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       5,209.	9 Trusts. Section 19	99A deduction. See instructions		1 0 0 0					
enter zero         11 24,807.         Part II Tax Computation         1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5,209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5,209.         3       Proxy tax. See instructions       3       3         4       Other tax amounts. See instructions       4         5       Alternative minimum tax (trusts only)       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       5, 209.			10	1,000.					
Part II       Tax Computation         1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5, 209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:       1       5, 209.         3       Proxy tax. See instructions       2       3         4       Other tax amounts. See instructions       4         5       Alternative minimum tax (trusts only)       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7	11 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,							
1       Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       5, 209.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on       2         3       Proxy tax. See instructions       2         4       Other tax amounts. See instructions       3         5       Alternative minimum tax (trusts only)       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       5, 209.			11	24,807.					
<ul> <li>2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)</li> <li>2</li> <li>3 Proxy tax. See instructions</li> <li>4</li> <li>5 Alternative minimum tax (trusts only)</li> <li>6 Tax on noncompliant facility income. See instructions</li> <li>7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies</li> </ul>									
Part I, line 11 from:       Tax rate schedule or       Schedule D (Form 1041)       2         3       Proxy tax. See instructions       3         4       0ther tax amounts. See instructions       4         5       Alternative minimum tax (trusts only)       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       5, 209.	1 Organizations tax	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	5,209.					
3       Proxy tax. See instructions       3         4       Other tax amounts. See instructions       4         5       Alternative minimum tax (trusts only)       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       5, 209.	2 Trusts taxable at								
4       4         5       Alternative minimum tax (trusts only)         6       Tax on noncompliant facility income. See instructions         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies	Part I, line 11 from	n: 🛄 Tax rate schedule or 🔄 Schedule D (Form 1041) 🕨	▶ 2						
5Alternative minimum tax (trusts only)56Tax on noncompliant facility income. See instructions67Total. Add lines 3 through 6 to line 1 or 2, whichever applies75,209.	3 Proxy tax. See ins	structions	▶ 3						
5       Alternative minimum tax (trusts only)       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       5, 209.	4 Other tax amounts	s. See instructions	4						
6Tax on noncompliant facility income. See instructions67Total. Add lines 3 through 6 to line 1 or 2, whichever applies775,209.	5 Alternative minimu								
7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies         7       5,209.	_								
	•	-		5,209.					
				Form <b>990-T</b> (2021)					

123701 07-06-22

	90-T (2021)					Page <b>2</b>
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions)	1b				
С	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7		<u></u>	2	5,2	209.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8	697	Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).	ously d	eferred under			
	section 1294. Enter tax amount here	▶		4	<u>5,2</u>	209.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lir	ne 4		5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	3,068.			
b	2021 estimated tax payments. Check if section 643(g) election applies	6b				
С	Tax deposited with Form 8868	6c	5,000.			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Other credits, adjustments, and payments: □ Form 2439 Total ►	6g				
7	Total payments. Add lines 6a through 6g			7	8,0	68.
8			▶ □	8		43.
9			►	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa			10	2,8	316.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax		16. Refunded ►	11		0.
Part	IV Statements Regarding Certain Activities and Other Informati	on (se	e instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a over a financial account (bank, securities, or other) in a foreign country? If "Yes," the c	-	-		Yes	No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	-				
	here	nume	of the foreigh country			X
2	During the tax year, did the organization receive a distribution from, or was it the grant	or of a	or transferor to a		-	
-	foreign trust?					x
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		▶ \$			
4	Enter available pre-2018 NOL carryovers here <b>\$</b> Do not in			rnyover		
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a					
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL	•	•			
Ū	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for					
	Business Activity Code		lable post-2017 NOL c		-	
	453220 \$	Avai		<u>33,667.</u>	-	
	\$				-	
	Did the organization change its method of accounting? (see instructions)				-	x
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P	E or E	orm 11282 If "No "			
U		, 01 - 0	JIII 1120 ! II INU,			
_	explain in Part V					

# Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

		e examined this return, including accompanying so r (other than taxpayer) is based on all information o			wledge and belief, it is true,
Here	Signature of officer	Date PI	RESIDENT	th	ay the IRS discuss this return with he preparer shown below (see structions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid Preparer	JENNIFER SOLOT	Jungy Jolar.	A 08/29/2022	self- employed	P00749373
Use Only	Firm's name <b>BBD</b> , <b>LLP</b>			Firm's EIN 🕨	23-2896692
occ only	1835 M	ARKET STREET, 3RD H	LOOR		
	Firm's address <b>PHILAD</b>	ELPHIA, PA 19103		Phone no. 2	215-567-7770
123711 01-31-2	22				Form <b>990-T</b> (2021)
		49			
220829	793760 4209	2021.04021 TRA	VIS MANION	FOUNDATI	ON 42091

<sup>4209</sup>\_\_\_1

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	1
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2016 YEAR 2017		
FOR TAX	YEAR 2018 104,716 YEAR 2019 YEAR 2020		
TOTAL CARI TOTAL CURI	RYOVER 104,716 RENT YEAR 10% CONTRIBUTIONS		
	TRIBUTIONS AVAILABLE104,716NCOME LIMITATION AS ADJUSTED2,756		
EXCESS 10	VTRIBUTIONS101,9600% CONTRIBUTIONS0ESS CONTRIBUTIONS101,960		
ALLOWABLE	CONTRIBUTIONS DEDUCTION	2,	756
TOTAL CON	TRIBUTION DEDUCTION	2 ,	75(

SCHE	DULE	Α
(Form	990-T	)

Α

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number 41-2237951

D Sequence:

1

of

OMB No. 1545-0047

Name of the organization TRAVIS MANION FOUNDATION

453220 Unrelated business activity code (see instructions) С

# Describe the unrelated trade or business SALE OF TMF BRANDED MERCHANDISE AND BOOKS

<u>E</u>	Describe the unrelated trade or business SALE OF TMF	BRA	NDED MERCHAN	DISE AND BOO	KS
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 192, 311.				
b	Less returns and allowances c Balance >	1c	192,311.		
2	Cost of goods sold (Part III, line 8)	2	105,435.		
3	Gross profit. Subtract line 2 from line 1c	3	86,876.		86,876.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	86,876.		86,876.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2					
3	Salaries and wages			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Excess readership costs (Part IX) Other deductions (attach statement)	ES	STATEMENT 2	14	24,646.
15	Total deductions. Add lines 1 through 14				24,646.
16	Unrelated business income before net operating loss deduction. Subtract line 15 fro	m Pa	rt I, line 13,		
	column (C)			16	62,230.
17	Deduction for net operating loss. See instructions	ST	ATEMENT 3	17	33,667.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	28,563.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2021

4209\_\_\_1

1

	III Cost of Goods Sold Enter method	od of inventory valuati	ion 🕨 COST		Pa
1	Inventory at beginning of year	J		1	91,1
2	Purchases				188,38
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				279,5
7	Inventory at end of year				174,0
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				105,4
9	Do the rules of section 263A (with respect to property p				
Part					
1	Description of property (property street address, city, st				
	c 🗆				
	D				
		•	В	с	D
0	Rent received or accrued	Α			
2					
а	From personal property (if the percentage of rent for personal property is more than 10%				
L.	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	er here and on Part I.	line 6. column (B)		
4 5 <b>Part</b> 1	in lines 2(a) and 2(b) (attach statement)	e instructions)			
5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (see	e instructions)			
5 Part	in lines 2(a) and 2(b) (attach statement)         Total deductions. Add line 4 columns A through D. Ent         V       Unrelated Debt-Financed Income (see Description of debt-financed property (street address, compared to the second property (street address, compared to the second property (street address) of th	e instructions)			
5 Part	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	e instructions)			
5 Part	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Ent  Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B B C	e instructions)			
5 Part	in lines 2(a) and 2(b) (attach statement)	e instructions)			D
5 Part	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	D
5 Part 1	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	
5 Part 1	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	
5 Part 1	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	
5 Part 1	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	D
5 Part 1 2 3	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	D
5 Part 1 2 3 a	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	D
5 Part 1 2 3 a b	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	D
5 Part 1 2 3 a b	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	D
5 Part 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	D
5 Part 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	
5 20art 1 2 3 a b c 4	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	
5 20art 1 2 3 a b c 4	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). (	Check if a dual-use. See ii	nstructions.	
5 2art 1 2 3 a b c 4 5	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). C A	B B	C	
5 2art 1 2 3 a b c 4 5 6	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). C A A %	B B %	C C	
5 2art 1 2 3 a b c 4 5 6 7	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). C A A %	B B %	C C	D
5 2art 1 2 3 a b c 4 5 6 7	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). C A A %	B B %	C C	
5 2art 1 2 3 a b c 4 5 6 7 8	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). C A A S Enter here and on Par	B B 4 1, line 7, column (A)	nstructions.	
5 2art 1 2 3 a b c 4 5 6 7 8 9	in lines 2(a) and 2(b) (attach statement)	e instructions) ity, state, ZIP code). C A A Second Second Se	B B t I, line 7, column (A)	nstructions.	

Sched	ule A (Form 990-T) 2021 VI Interest, Annu	uitios D	ovalties and P	onte fro	m Contro		raanizatio	<b>16</b> /a	a instruction	tional	Page 3
Fail	VI Interest, Annu	inies, n					Exempt Contro				
	1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated 4. Total of		al of specified <b>5.</b> Part of col nents made controlling or tion's gross ii		art of colui s included rolling orga	mn 4 in the aniza-	5. Deductions directly connected with income in column 5	
(1)									e greee int		
(2)											
(3)											
(4)											
		-	No	nexempt (	Controlled O	rganizati	ions				
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part of that is incontrolling gross	luded	in the zation's		Deductions directly connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and or	n Part I,	Enter	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						►			0.		0.
Part	VII Investment	Income	of a Section 50	)1(c)(7),	(9), or (17	) Orga	nization (s	ee inst	tructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incon		<b>3.</b> Deduction directly conn (attach state	ected	<b>4.</b> Set (attach s	asides tatemen	t) <b>5. Total deductions</b> and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)						unto in					
Totals				•	Add amou column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	xempt /	Activity Income	. Other	Than Adv	ertisir	na Income (	see in	structions	)	
1	Description of exploite			,			<u>.</u>	500 11			
2	Gross unrelated busin			iness. Ente	er here and o	on Part I.	, line 10, colun	nn (A)		2	
3	Expenses directly con										
			•							3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2021

1

123731 01-28-22

Sched	lule A (Form 990-T) 2021				Page 4
Part					1 490
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a c	onsolidated bas	is.	
	A [				
	B				
<b>-</b>					
Enter	amounts for each periodical listed above in the				<b>P</b>
2	Gross advertising income	A	В	C	D
2	Add columns A through D. Enter here and on				0.
а	Add coldmins A through D. Enter here and on				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on				0.
	5	, , , , ,			
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter zero on line 8 $\ldots$				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
-	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
а	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the g		al ar zara hara a		
a	Part II, line 13				0.
Part		rectors, and Trustees (se	e instructions)		
		`````````````````````````````````	,	3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
				%	
(4)					0
(4) Total	Lenter here and on Part II, line 1				0.
(4)		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)		<b>&gt;</b>	0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)		······ •	0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)		······ •	0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		e instructions)			0.
(4) Total		ee instructions)			0.

FORM 990-T (A)		OTHER DEDUCTI	ONS	STATEMENT	2
DESCRIPTION				AMOUNT	
POSTAGE & PRINTIN ADVERTISING FACILITY USE TECHNOLOGY PROFESSIONAL FEES OFFICE RELATIONSHIP BUIL CREDIT CARD FEES DUES & SUBSCRIPTIO BANK SERVICE CHARG PAYROLL SERVICE F	DING ONS GES			8: 1,6 10,6 5,9 3,7 1,4	61. 36. 99.
FOTAL TO SCHEDULE	A. PART II.	LINE 14		24.6	46.
		LINE 14 OST 2017 NOL SCH	EDULE	24,6	
	P(			STATEMENT RWARD OF	46.
	P(	OST 2017 NOL SCH	CARRYFO	STATEMENT RWARD OF	
FORM 990-T (A) PRIOR YEAR POST 2017 NOL 33,667.	P(	OST 2017 NOL SCH	CARRYFO POST 20	STATEMENT RWARD OF 17 NOL	
FORM 990-T (A) PRIOR YEAR POST 2017 NOL 33,667. 990-T SCH A	P(	OST 2017 NOL SCH NOL DEDUCTION 33,667.	CARRYFO POST 20	STATEMENT RWARD OF 17 NOL 0.	3

NOL CARRYOVER AVAILABLE THIS YEAR

33,667.

33,667.

Form	2220
Depart	ment of the Treasury
Interna	Revenue Service

Name

### Underpayment of Estimated Tax by Corporations Attach to the corporation's tax return.

FORM 990-T Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2021

Employer identification number

41-2237951

TRAVIS	MANION	FOUNDATION
		1 0 01(D111 1 01(

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

F	Part I Required Annual Payment					
1	Total tax (see instructions)				1	5,209.
0.4	- Developed helding company for (Cohodula DU /Form 1100) lin	- 00	included on line 4			
	Personal holding company tax (Schedule PH (Form 1120), line			2a		
Ľ	D Look-back interest included on line 1 under section 460(b)(2) contracts or section 167(g) for depreciation under the income			2b		
	contracts of section 167(g) for depreciation under the income	iore				
C	Credit for federal tax paid on fuels (see instructions)			20		
	<b>J Total</b> . Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do					
	does not owe the penalty					5,209.
4	Enter the tax shown on the corporation's 2020 income tax retu	urn. S	See instructions. Caution	: If the tax is zero		
	or the tax year was for less than 12 months, skip this line and	ente	r the amount from line 3	on line 5		
5	Required annual payment. Enter the smaller of line 3 or line	4. lf	the corporation is require	d to skip line 4,		
_	enter the amount from line 3					5,209.
F	Part II Reasons for Filing - Check the boxes below even if it does not owe a penalty. See instructions.	w th	at apply. If any boxes are	checked, the corporation	must file Form 2220	
_						
6	The corporation is using the adjusted seasonal installn					
1	The corporation is using the annualized income install					
	The corporation is a "large corporation" figuring its firs Part III Figuring the Underpayment	strec	juired installment based c	on the prior year's tax.		
	art in Figuring the Onderpayment		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the		(α)	(0)	(0)	(u)
·	15th day of the 4th ( <b>Form 990-PF filers</b> : Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	07/15/21	09/15/21	12/15/21	03/15/22
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	1,302.	1,303.	1,302.	1,302.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	Son instructions	11	3 068.			1

12 Enter amount, if any, from line 18 of the preceding column 12 Add lines 11 and 12 13 13 14

14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0-

Complete lines 12 through 18 of one column

before going to the next column.

15 16 If the amount on line 15 is zero, subtract line 13 from line 14 Otherwise optor 0 17

	14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17			839.	1,302
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	1,766.	463.		
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if tl	nere are no entries on lir	ne 17 - no penalty is owe	ed.	

3,068.

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form 2220 (2021)

839.

Ο.

112801 01-06-22

1,766.

1,766.

1,766.

463.

463.

463.

## FORM 990-T

Form 2220 (2021)

### Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month						
	instead of 4th month.) See instructions	19					
0	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21					
2	Underpayment on line 17 x Number of days on line 21 x 3% (0.03) $\dots$ 365	22	\$	\$	\$		\$
3	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23					
4	Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 365	24	\$	\$	\$		\$ 
5	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25					
6	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) $\dots$ 365	26	\$	\$	\$		\$ 
7	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SE	E ATTACHED	WORKSHEED	<u> </u>	
8	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) $\dots$ 365	28	\$	\$	\$		\$ 
9	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29					
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$ 
1	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$ 
3	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$ 
5	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$ 
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	-	\$ 
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal h	ere and on Form 1120,	line 34; or the compara	able		
	line for other income tax returns					38	\$ 43

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2021)

112802 01-06-22

# FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Numb	er
TRAVIS MANI	ON FOUNDATION	1		41-2237	951
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
07/15/21	1,302.	1,302.			
07/15/21	-3,068.	-1,766.			
09/15/21	1,303.	-463.			
12/15/21	1,302.	839.	90	.000082192	6
03/15/22	1,302.	2,141.	16	.000082192	3
03/31/22	0.	2,141.	91	.000109589	21
06/30/22	0.	2,141.	46	.000136986	13
nalty Due (Sum of Colun					43

\* Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21