# 2020 Exempt Org. Return prepared for:

Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation 429 East Dupont Road, PMB 189 Fort Wayne, IN 46825

SBS CPA Group, Inc. 10351 Dawsons Creek Blvd Ste H Fort Wayne, IN 46825



# SBS CPA GROUP, INC. 10351 DAWSONS CREEK BLVD STE H FORT WAYNE, IN 46825 260-407-5000

December 16, 2021

Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation 429 East Dupont Road, PMB 189 Fort Wayne, IN 46825

### Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Brent A Bracht

PS - We are a growing business and we greatly appreciate your referrals!

2020 Federal Exempt Organia Daybreak Childrens dba Fort Wayne Child	Foundation Inc.	nmary	Page 1 35-1929601
	2020	2019	Diff
REVENUE Contributions and grantsInvestment income	26,265 67,473	26,008 22,282	257 45,191
Total revenue	93,738	48,290	45,448
EXPENSES  Grants and similar amounts paid  Other expenses	17,595 11,041	35,000 15,233	-17,405 -4,192
Total expenses	28,636	50,233	-21,597
NET ASSETS OR FUND BALANCES  Revenue less expenses  Total assets at end of year  Total liabilities at end of year  Net assets/fund balances at end of year.	65,102 1,139,805 0 1,139,805	-1,943 935,513 0 935,513	67,045 204,292 0 204,292

2020

# **General Information**

Page 1

Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation

35-1929601

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch O, 8868

Carryovers to 2021

None

# Preparer e-file Instructions - Federal

Page 1

Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation

35-1929601

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

## Prior to transmission of the return

### Form 990

The organization should review their Federal Return along with any accompanying schedules and statements.

### Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

### Even Return

No payment is required.

### After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

### Do not mail:

Form 8879-EO IRS e-file Signature Authorization

2020

# Preparer e-file Instructions - Federal

Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation

35-1929601

Page 2

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

## Prior to transmission of the return

### Form 8868

No signature is required with Form 8868.

### **Even Return**

No payment is required.

## After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

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# **Federal Worksheets**

Page 1

Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation

35-1929601

Form 990, Part III, Line 4e Program Services Totals

	Program Services Total	Form 990 Source
Total Expenses	17,595.	17,595. Part IX, Line 25, Col. B
Grants	0.	17,595. Part IX, Lines 1-3, Col. B
Revenue	0.	0. Part VIII, Line 2, Col. A

Form 990, Part IX, Line 24e Other Expenses

	(A)		(B)	(C)	(D)
	Total		Program Services	Management & General	Fundraising
Bank Fees	Total \$	2. 2. <u>\$</u>	0.	<u>\$</u> 2.	\$ 0.

# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning  $\frac{7/01}{}$  , 2020, and ending  $\frac{6/30}{}$  , 20  $\frac{2021}{}$ 

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax
Daybreak Childrens Foundation Inc.

Taxpayer identification number

dba Fort Wayne Childrens Foundation	35-1929601
Name and title of officer or person subject to tax	
Patrick Miller Treasurer	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the returnes when the contract of the returnes when the contract of	amount, if any, from the return. If you rn being filed with this form was blank, then ou entered -0- on the return, then enter -0- on
1 a Form 990 check here      X	2b 3b Part VI, line 5) 4b 5b 6b 7b  t to Tax am a person subject to tax with respect to (EIN) statements, and, to the best of my knowledge is the amount shown on the copy of the eturn originator (ERO) to send the return to the a transmission, (b) the reason for any delay in my and its designated Financial Agent to the tax preparation software for payment count. To revoke a payment, I must contact the ment (settlement) date. I also authorize the fidential information necessary to answer
return and, if applicable, the consent to electronic funds withdrawal.	
PIN: check one box only  X I authorize SBS CPA Group, Inc.  ERO firm name to enter my	y PIN 41501 as my signature Enter five numbers, but do not enter all zeros
on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement disclosure consent screen.	ne return is being filed with a state agency ntioned ERO to enter my PIN on the return's
As an officer or person subject to tax with respect to the organization, I will enter my PIN as electronically filed return. If I have indicated within this return that a copy of the return is bei charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	ing theg with a state agency(tes) regulating
Signature of officer or person subject to tax ►	Date ►
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed re I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Info Providers for Business Returns.	eturn indicated above. I confirm that ormation for Authorized IRS <i>e-file</i>
ERO's signature ► Brent A Bracht Date ►	444444
ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested	s To Do So

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

www.irs.gov/e	e-file-providers/e-file-for-charities-and-non-profits	5. 					
Automatic	6-Month Extension of Time. Only subn	nit origina	al (no copies needed).				
All corporatiouse Form 700	ns required to file an income tax return other tha 14 to request an extension of time to file income	an Form 99 tax returns	0-T (including 1120-C filers), partnership			trusts must	
Type or Daybreak Childrens Foundation Inc.					35-1929601		
File by the due date for filing your return. See nstructions.							
Enter the Ref	Fort Wayne, IN 46825 turn Code for the return that this application is fo	or (file a se	parate application for each return)			01	
Application Is For		Return Code	Application Is For			Return Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (i	ndividual)	03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (	(section 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (	(trust other than above)	06	Form 8870			12	
<ul><li>If the org</li><li>If this is check this</li></ul>	e No. ► 260-407-5000 panization does not have an office or place of but for a Group Return, enter the organization's four s box ► If it is for part of the group, consion is for.	digit Group	e United States, check this box  Exemption Number (GEN)	this is	for the wi	hole group,	
1 I request an automatic 6-month extension of time until 5/15 .20 22 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ □ calendar year 20 or  ▶ □ x tax year beginning 7/01, 20 20 , and ending 6/30, 20 21 .  2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return							
	ange in accounting period application is for Forms 990-BL, 990-PF, 990-T,	4720. or 60	69. enter the tentative tax, less any	···			
nonrefi	undable credits. See instructions	<u></u>		3 a	\$	0.	
tax pay	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme	nt allowed a	as a credit	3 b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions							
Caution: If y payment ins	ou are going to make an electronic funds withdr tructions.	awal (direc	t debit) with this Form 8868, see Form 8	453-EC	and Forn	n 8879-EO for	

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

Form 8868 (Rev. 1-2020)

# Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2	2020 calend	dar year, or tax y	ear beginn	iing 7/0.	1.	, 202	0, an	d endin	ıg	6/3			<b>20</b> 2021		
В	Check if ap	if applicable: C D Employer identification									ication numb	er				
	·	ss change	Davbreak C	hildrer	s Founda	ation I	nc.					35~1	19296	01		
	$\vdash$	Name change dba Fort Wayne Childrens Foundation										E Telepho	ne numbe	≆		
	$\vdash$	_	429 East I	upont F	Road, PM	В 189					İ	260-	-492 <b>-</b>	8811		
	Initial		Fort Wayne								ŀ	200				
		turn/terminated	Ī									<b>G</b> Gross re	خ	. 1	32,2	50
	Amend	ded return								LICAN	le this s	group retur				X No
	Applic	cation pending	1											<del></del>	Yes Yes	No No
			429 East Dup	ont Road,	PMB 189	Fort Way	me, IN 4	16825	<u>,</u>	11(0)	If "No,"	subordinates attach a list	. See inst	ructions	162	NO
ī	Tax-exer	mpt status:	X 501(c)(3)	501(c) (	) <b>◄</b> (ins	sert no.)	4947(a)(1)	or	527							
J	Websi	ite: ► ht	tp://fortw	aynechi	ldrensfo	oundation	on.org/	/		H(c)	Group e	exemption nu				
K		organization:	X Corporation	Trust	Association	Other -		L Year	of format	tion:	1994	4 Mis	tate of le	gal domicile:	IN	
		Summar		<u></u>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>										
	1 Br	iefly descri	be the organizat	ion's mission	on or most s	ignificant a	ctivities: A	ssis	st or	gan	izat	tions	that	help p	reve	∍nt
		hild ab														
9		11710 ar	<u></u>													
펿	_															
들	2 C	neck this bo	ov ► Tif the (	roanization	discontinue	d its opera	tions or di	 Spose	ed of m	ore t	han 2	5% of its	net ass	ets.		
õ	3 Nu	umber of vo	oting members of	f the gover	nina bodv (F	art VI, line	la)						3			5
•ĕ	4 Nu	umber of in	dependent votin	g members	of the gove	rning body	(Part VI, I	ine 11	o)				4			0
es	5 To	otal number	r of individuals e	mployed in	calendar ye	ar 2020 (Pa	art V, line	2a)					5			0
Activities & Governance	6 To	otal number	r of volunteers (e	estimate if i	necessary)								6			0
;	<b>7a</b> To	otal unrelate	ed business reve	enue from F	Part VIII, col	ımn (C), lir	ne 12						7a			0.
_	b Ne	et unrelated	d business taxab	le income t	from Form 99	90-T, Part I	I, line 11						7b			0.
***			Without	***************************************			21777				P	rior Year		Curre		
	8 C	ontributions	s and grants (Pa	rt VIII, line	1h)		<i></i>					26,0	008.		26,2	265.
Revenue	9 Pr															
ē			estment income (Part VIII, column (A), lines 3, 4, and 7d)									67,	473.			
æ			ıe (Part <sup>`</sup> VIII, coli									*****				
	12 To	otal revenu	e – add lines 8	through 11	(must equal	Part VIII, o	column (A)	, line	12)			48,2	290.		93,	738.
_	13 G	rants and s	similar amounts	paid (Part I	X, column (A	(a), lines 1-3	3)					35,0	000.		17,	595.
			d to or for memb													
			er compensation													
ŝ	15 00		fundraising fees													
Expenses	16a P									783	KIBKAJINI	961,0165,020,7504	ilizatera (na 12)	10600001186611866	Jan Karina	and bulleti
ğ	. <b>b</b> To	otal fundrai	ising expenses (	Part IX, col	umn (D), line	e 25) 🟲 _										
ш	17 U		ses (Part IX, col									15,2	233.			041.
	18 To	otal expens	ses. Add lines 13	3-17 (must e	equal Part IX	(, column (	A), line 25	) <i>.</i> .				50,2	233.		28,	<u>636.</u>
	19 R	evenue les	s expenses. Sut	tract line 1	8 from line 1	2						-1,	943.		65,	102.
50	:			- 4444444		*********	*******			В	eginnii	ng of Curre	nt Year		of Yea	
ata o	20 To	otal assets	(Part X, line 16)									935,	513.	1,:	139,	805.
986	21 To		es (Part X, line 2										0.			0.
Net Assets Eural Refere	22 N	iot accate o	or fund balances.	Subtract li	ne 21 from I	ine 20						935,	513	1 _ '	139.	805.
	art II		re Block	Jubliactii	ne zi nomi	1110 20				•••		2007	<u> </u>			<del></del>
					1 .1 21		hedden ond a		nto and t	to the l	hoot of	my knowledn	e and hel	iaf it is true	correct	and
con	ier penalties iplete. Decl	s of perjury, I o laration of prep	declare that I have expanded that I have expanded the control of t	emined this retter) is based on	urn, including act all information o	companying so f which prepare	er has any kn	owledge	:1165, 81161 9.	io nie i	uest of t	iny knowieu <u>c</u>	e and bei	ici, it is auc,	0011000,	ana
				,										•••		
c:		Signat	ture of officer								Da	ate				
Sign Signature of officer					п	"roa	surer									
п	Here Patrick Miller Type or print name and title						теа	parer								
_			preparer's name		Preparier's sign	<b>f</b> ature			Date			Charle	if	PTIN		
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	aid		A Bracht		Brent A	Bracht	-		1.1			self-emplo	yea	P00868	٥٥٥	
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US	se Only	Firm's add		~	s Creek	Blvd St	:e H			****		Firm's EIN		<u>-21564</u>		
	***************************************			<del></del>	IN 46825	**************************************						Phone no.	260-	<u>-407-50</u>		
Ma	ay the IR	S discuss t	his return with t	ne preparer	shown abov	e? See ins	structions.							X Yes		No

Form 990 (2020)	Daybreak Children	s Foundation Inc.	35-1929601	Page 2
Part III State	ement of Program Servi	ce Accomplishments		
Check	if Schedule O contains a res	sponse or note to any line in this Part III		
1 Briefly descri	be the organization's mission	n:		
Assist c	rganizations that	help prevent child abuse.		
2 Did the organi	ization undertake any significar	t program services during the year which were n	ot listed on the prior	
Form 990 or	990-EZ?		Yes	X No
If "Yes," desc	ribe these new services on Sch	edule O.		
		make significant changes in how it conducts	, any program services? Yes	X No
If "Yes," desc	ribe these changes on Schedul	e O.		
4 Describe the Section 501( and revenue	organization's program servic)(3) and 501(c)(4) organizat , if any, for each program ser	ce accomplishments for each of its three largions are required to report the amount of gravice reported.	jest program services, as measured by onts and allocations to others, the total e	expenses. expenses,
4a (Code:	) (Eypenses Š	17,595_ including grants of \$	) (Revenue \$	)
4a (Code.	) (Expenses +	in NE Indiana to help prevent		for
To suppo	ort Organizations	and assistance in abusive sit	nations and be proactive	in
parental	L/CIIIId Education	redator through the court sys	stem.	
<u>dealing</u>	Mith the apreser/bi			
		<b></b>		
	·			
				<del></del>
		i dell'estat è	) (Payanua Š	١
<b>4b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue 7	
				m
			) (D	
4 c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
		<b></b>		
4 d Other progr	ram services (Describe on Sc		_	
(Expenses	\$	including grants of \$	) (Revenue \$	)
4 e Total progra	am service expenses 🕨	17,595.		606 (0000
BAA		TEEA0102L 10/07/20	For	rm <b>990</b> (2020)

35-1929601

Page 2

Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Ves.' complete Schedule C. Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	the state of the state of any historical transpures, or other similar assets? If 'Yes'	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		107 (15) 11 (15)	
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		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 VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 c		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	121	)	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</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	141		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
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		Х
20	Da Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	3	Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	201	)	
2	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

rai	TIV Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	162	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? <i>If 'Yes,' complete Schedule J.</i>	23		X
24	a 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		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
4	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c	:	
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X
26	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	76 (C)		65 E
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b	-	X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		X
29		29	-	
30	contributions? If 'Yes' complete Schedule M	30 31		X
31	•	21		
32	Schedule N, Part II	32		X
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	<u> </u>	Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	-	X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	
	<b>b</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	35t		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	1		Х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O	38	X	
P	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Onder it Schedule o contains a response of note to any line in the factor.		Yes	No
-	a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	0		1860000
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	100	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	c X	<u> Hano (saire)</u>
BA				(2020)

Form 990 (2020) Daybreak Childrens Foundation Inc.

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

	72744				Yes	No
		1		steelijati	elesasous	ndedilyar
22	Enter the	number of employees reported on Form W-3, Transmittal of Wage and Tax State-	<b>2</b> a 0	(6%:98:		
	ments, fil	ed for the calendar year ending with or within the year covered by this return [ tone is reported on line 2a, did the organization file all required federal employmen		2 b	160-MINA	<u>unteblikki</u>
t			t tax returns			
	Note: If th	e sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	r?	3 a	HEART PROPERTY	X
3 a	Did the o	rganization have unrelated business gross income of \$1,000 or more during the year	! i	3 b		
		it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		30		
4 a	At any tim financial	ne during the calendar year, did the organization have an interest in, or a signature or othe account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4a		Х
Ł	olf 'Yes,' e	enter the name of the foreign country► actions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)			
_	See Instru	organization a party to a prohibited tax shelter transaction at any time during the tax	v vear?	5 a	1649 1569 152	X
5 8	was the	organization a party to a profibiled tax shelter transaction at any time during the tax axable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
ı	Did any t	o line 5a or 5b, did the organization file Form 8886-T?		5с		
	solicit an	organization have annual gross receipts that are normally greater than \$100,000, a y contributions that were not tax deductible as charitable contributions?		6a		X
	not tax d	id the organization include with every solicitation an express statement that such contribut eductible?	ons or gifts were	6Ь		www.
	-	tions that may receive deductible contributions under section 170(c).			esuminil Misterie	
	services	organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	· · · · <i>· · · · ·</i> · · · · · · · · · ·	7 a		X
ı	b If 'Yes,'	did the organization notify the donor of the value of the goods or services provided?		7 b	<u> </u>	
	a Did the o	compression sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required to file	7 c		X
		garlization sen, coolings, or otherwise dispose of targets per sense property and the sense per		Tau Print	50050052	i gaziligari
•	d If 'Yes,' i	indicate the number of Forms 8282 filed during the year.	honofit contract?	7 e	10 (1941)	X
4	e Did the d	organization receive any funds, directly or indirectly, to pay premiums on a personal bar	pefit contract?	7 f		X
		organization, during the year, pay premiums, directly or indirectly, on a personal ber		,,		
	as requir	anization received a contribution of qualified intellectual property, did the organization file led?		7 g		
	h If the org	panization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a	7 h		
8	Sponsori	ing organizations maintaining donor advised funds. Did a donor advised fund maintained tion have excess business holdings at any time during the year?	by the sponsoring	8	20076000	000000
_				(SEE SEE SE		
9	Sponsor	ring organizations maintaining donor advised funds. sponsoring organization make any taxable distributions under section 4966?		9 a		
	a Did the s	sponsoring organization make a distribution to a donor, donor advisor, or related per	rson?	9 b	+	
				X5/000	447600Z8	
		501(c)(7) organizations. Enter:  1 fees and capital contributions included on Part VIII, line 12	10 a		10000	
		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11		501(c)(12) organizations. Enter:				
		come from members or shareholders	11 a	iller free l	2018	
		come from other sources (Do not net amounts due or paid to other sources		1		
	against :	amounts due or received from them.)	11 b	9.000		
12	a Section	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12 a	1	
	b If 'Yes,'	enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section	501(c)(29) qualified nonprofit health insurance issuers.		2000		
		ganization licensed to issue qualified health plans in more than one state?		13a	1	po sciences
		ee the instructions for additional information the organization must report on Schedu	ile O.			
	<b>b</b> Enter th	e amount of reserves the organization is required to maintain by the states in e organization is licensed to issue qualified health plans	126			
			13b	1		
	c Enter th	e amount of reserves on handorganization receive any payments for indoor tanning services during the tax year?		14 a		X
14				141	·	+
		has it filed a Form 720 to report these payments? If 'No,' provide an explanation or		141	1	
15	excess	rganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 parachute payment(s) during the year?		15	0 30000000	Х
		see instructions and file Form 4720, Schedule N.				
16		rganization an educational institution subject to the section 4968 excise tax on net in	nvestment income?	16	at alross (ch	X
F	····	complete Form 4720, Schedule O.		10000000		(0000)
BA	A	TEEA0105L 10/07/20		Forr	n 990	(2020)

Par	<b>t VI</b> Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	low, a ges o	and t n	or
	Schedule O. See instructions.			X
	Check if Schedule O contains a response or note to any line in this Part VI			21
Sec	tion A. Governing Body and Management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 5  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
Ŀ	Finter the number of voting members included on line 1a, above, who are independent   1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Micologia (	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
4	since the prior Form 990 was filed?	4	l	X
-	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization have members or stockholders?	6		X
6 7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
1	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	ani (ani S	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			X
;	a The governing body?	8a		X
[	b Each committee with authority to act on behalf of the governing body?	8 b		
9	organization's mailing address? If 'Yes' provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	<u>ie C</u>	oae.)
			Yes	140
10	a Did the organization have local chapters, branches, or affiliates?	10a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	h Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	(I) ((i))		
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Provide the state of the state	13		X
14	and the state of t	14		X
15	and approved by independent			
	a The organization's CEO, Executive Director, or top management official	15 a		X
	b Other officers or key employees of the organization.	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		godin viji	
	taxable entity during the year?	16 a	nven og	X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)	(3)s o	nly)
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  See Schedule O	lable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	SBS CPA Group 10351 Dawsons Creek Boulevard Suite H Fort Wayne IN 46825 26	0-40	7-50	100

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

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

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

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

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

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

X Check this box if neither the organization nor any relate	u Organiz	auon	COI	(C)		a any			,		
<b>(A)</b> Name and title	(B) Average hours	ge is both an officer and a director/trustee)				and a ee)		(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation from	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the organization and related organizations	
(1) Byron R Braun	1							_		0	
Vice Chairman	0	X						0.	0.	0.	
_(2) Tiercell_Schwartz	1							0.	0.	0.	
Trustee	0	X	<u> </u>		<u> </u>	-		U.	<u> </u>	<u> </u>	
(3) Michael Huffman	<u>1</u>	X						0.	0.	0.	
Secretary (4) Blake Poindexter	1	1	-	-				0.			
President	0	X						0.	0.	0.	
(5) Patrick Miller	i										
Treasurer	0	X						0.	0.	0.	
(6)											
(8)											
(10)							•				
(11)									****		
(12)				-							
(13)			-								
(14)				-						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Page 8

Part VII Section A. Officers, Directors, Tru		<u>ney</u>	Em	pic	ye	es, a	and	Hignest Con	ipensateu Emp	Oyees (continueu)
<del></del>	(B)			(C	<b>:)</b> sition				<b>(F)</b>	<b>(E)</b>
(A) Name and title	Average hours per	(do box	not c , unle	heck	more	than of is both or/trust	one n an tee)	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount
·	week (list any							the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from the organization
	hours for related	or director	nstitutional trustee	Officer	Key employee	hest o	mer			and related organizations
	organiza - tions below	Of E	nal tr		loyee	ompe				
	dotted line)	stee	ustee			Highest compensated employee				
15)		-								
16)										
(71)										
18)		•								
19)										
20)										
21)		-								
22)										
23)		-							News	
(24)		-	<u> </u>							
(25)		-								
1 b Subtotal							>	0.		
c Total from continuation sheets to Part VII, Sec							•	0.	0. 0.	. (
d Total (add lines 1b and 1c)	d to those	listed	abo	ove)	who	rece	ived			
from the organization   0										Yes N
3 Did the organization list any former officer, dire	ctor, trust	tee. k	ev e	emp	love	e, or	· hia	hest compensate	d employee	
on line 1a? If 'Yes,' complete Schedule J for su	ich inaivia	uai	• • • •							3
4 For any individual listed on line 1a, is the sum the organization and related organizations great	of reporta ter than \$	ble c 150,	omp 000?	ens If	atio 'Yes	n and ,' cor	d otl mple	her compensatior ete Schedule J fo	ı from r	
such individual								*		4
5 Did any person listed on line 1a receive or accifor services rendered to the organization? If 'Yo	ue compe es,' comp	ensat lete S	ion t Sche	ron	an Ji	y unr or su	elat ich j	ed organization of person	r maividuai	5
Section B. Independent Contractors  1 Complete this table for your five highest compe	nsated in	dene	ndei	nt c	ontr	actor	s th	at received more	than \$100,000 of	
compensation from the organization. Report compe	ensation fo	r the	cale	nda	r yea	r end	ling	WILLION WILLIAM IO	nganization's tax yea	ar.
(A) Name and business ac	ldress							Description	3) of services	(C) Compensation
						···				
2 Total number of independent contractors (including	but not lii	mited	to th	nose	list	ed ab	ove)	) who received mo	re than	
\$100,000 of compensation from the organization			-				,			

		Check if Schedule	e O 0	contains a	respor	ise or note to any		<u> </u>		
							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
တ္တ	1 a	Federated campaign	ns		1 a					
ᄪ		Membership dues.			1 b					
رة <u>قا</u>		Fundraising events.			1 c					
ifts ir A	d	Related organizatio	ns		1 d				illi de 19 de gaza de da	ational disease of the direct
7. E		e Government grants (contributions) 1 e			di salah da Gasta da Kasa da Ga					
Si Si	f	All other contributions, g	ifts, gi	rants, and						
outi her		similar amounts not inclu			1 f	26,265.		or design contract cone	All Medicine de designations	
걸	g	Noncash contributions in lines 1a-1f	ciuaec	1 IN	1 g			sa ner dir servicion ya di	attititiste espaini attais ser	embaya ing isti at inggular sa
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-					26,265.			
						Business Code				
Program Service Revenue	2a b		·						100	
Şe	d									
am	e	All other program s								
go	Ť	All other program s T <b>otal.</b> Add lines 2a	ervic	e revenue		<b>-</b>				
	_							2501900223232137333333333		
	3	Investment income ( other similar amou	includ nts).	ding divider	ias, int	erest, and	18,394.	18,394.		
	4	Income from invest	tmen	t of tax-ex	empt b	ond proceeds				
	5	Royalties								
	-	, , , , , , , , , , , , , , , , , , , ,	П	(i) Rea		(ii) Personal	(1887) (22 (30 (42 (44 (5) 42	Es distribution de Arrivation		
	6 a	Gross rents	6a							
	Ł	Less: rental expenses	6b				1			
	!	: Rental income or (loss)	6c							95 (60) (41) (42) (30 (40 (32) 3)
		Net rental income	or (lo	ss)						
	7=	'a Gross amount from sales of assets other than inventory		ties	(ii) Other					
	1			500			0.35 (60.85 (60.86 (60.85)	green bill on de more sold		
	1	other than inventory Less: cost or other basis		01,	<u> </u>				andropos ones proje	0.001.001.001.001.001.001.00
	'	and sales expenses	7b	38,	<u>520.</u>					
	1	Gain or (loss)	7c	49,	079.					
	(	d Net gain or (loss).				· · · · · · · · · · · · · · · · · · ·	49,079.	49,079.		A 000 the 4 art 4 of the contribution of the 4 o
Other Revenue	88	a Gross income from func (not including \$_ of contributions reported See Part IV, line 18	d on li	ine 1c).	_ 8a					
Je.	1	b Less: direct expen			8 b	<u> </u>		4 F17 0 (000 MO 000 MO	4 (2006)	
ᅙ	'	<b>c</b> Net income or (los	s) fro	om fundrai	sing e	vents	•			
		a Gross income from gam See Part IV, line 19			9 a					
		<b>b</b> Less: direct expen			9 b					
	1	<b>c</b> Net income or (los			activi	ues				
	ĺ				10a					
	1	<b>b</b> Less: cost of good <b>c</b> Net income or (los								
	+	C I Ver Broome or (los	ا ردد	VIII 30103 (	.,vei	Business Code	0.061.25.000.351.052.007.56			
Miscellaneous	11	a			-+			200 - 200 -	The state of the s	
<b>₫</b> 8	11	b								
흡	Š	c								
ပ္တိုင္မ	2	d All other revenue.	 							
Ξ	- 1	e Total. Add lines 1	1a-11	1d			-	0.000 1630 453 1631 938 030		e 4500 ja 301 (864 (981 jag. 96)
***************************************	12		~~~~			**************************************	93,738	. 67,473	. 0	. 0

Par	Statement of Functional Expens	ses	or organizations must	molete column (A)	
Sect	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re	piete all columns. All othe	er organizations must co line in this Part IX	impiete coluitiii (A).	
Do n 6b, 7	Check if Schedule O contains a root include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,595.	17,595.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	· 0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-		400	
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	203.		203.	
	: Accounting	1,206.		1,206.	<u> </u>
	Lobbying			widtigen oo was finis talikoo kale filikus	****
	Professional fundraising services. See Part IV, line 17			F 100	
	Investment management fees	5,128.		5,128.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	1,236.		1,236.	
13	Office expenses		*****		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	•			<u> </u>	
20	Interest				
21	Payments to affiliates				
22	•	0.000	*****	2 002	
23	Insurance Other expenses. Itemize expenses not	2,082.	ecarameterario de ametro comunicação	2,082.	
24	other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Credit Card Fees			705.	
	b <u>Website</u>	450.		450.	
	Supplies	24.		24.	
	d Postage and Shipping	5.		5.	
	e All other expenses	2.		2.	· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	28,636.	17,595.	11,041.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X			П
		Check it Schedule O contains a response of hote to any line in this Fartix	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	76,922.	2	58,824.
1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	_	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.		5	
		Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Ø	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges.		9	
As	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments — publicly traded securities	858,590.	11	1,080,981.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	·····
	15	Other assets. See Part IV, line 11	1.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	935,513.	16	1,139,805.
	-				<u></u>
	17	Accounts payable and accrued expenses		17 18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
ē.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		Alexialia	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		100	
<u>la</u>	27	Net assets without donor restrictions	935,513.	27	1,139,805.
ä	28		the Progression and Consideration	28	waste and his constituted by the grant normal (1917) in
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds		29	<u></u>
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž,	32	Total net assets or fund balances	935,513.		1,139,805.
ž	33		935,513.	33	1,139,805.
B/	۱A	TEEA0111L 10/07/20			Form <b>990</b> (2020)

orr	n 990 (2020) Daybreak Childrens Foundation Inc. 35-	1929601		Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,738.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	<u>,636.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	65	<u>,102.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9 <u>35</u>	<u>,513.</u>
5	Net unrealized gains (losses) on investments	5	139	<u>,190.</u>
6	Donated services and use of facilities.	6	<b></b>	****
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,139	,805.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
		Í	Ye	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a 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 review 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?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ate		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	T	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	20 (2022)
ΒA	A TEEA0112L 10/19/20		Form 9	90 (2020)

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### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business than 10 to the second of the contribution of the contribut 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other (ii) EIN (iv) Is the organization listed in your governing document? (i) Name of supported organization support (see instructions) support (see instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 Daybreak Childrens Foundation Inc. 35-1929601

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

			L 1 f tl
(Carried and Line)	abadiad the box on line fi	-7 or 9 of Port i or it the organization tailed to quality linder Part II	: ITTDE
Complete only it you	i checked the box on line 5.	7, or 8 of Part I or if the organization failed to qualify under Part II	
,00,,,000		1 5 5 1 H S	
	s auglificunder the tacte lie	sted below, please complete Part III.)	

Secti	on A. Public Support						<b></b>
Calen cegin	dar year (or fiscal year ning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Sifts, grants, contributions, and membership fees received. (Do not nolude any 'unusual grants.)	82,202.	67,531.	132,582.	26,010.	26,264.	334,589.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	82,202.	67,531.	132,582.	26,010.	26,264.	334,589.
	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).						0.
6	Public support. Subtract line 5 from line 4						334,589.
Sect	ion B. Total Support				····		
	dar year (or fiscal year ning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	82,202.	67,531.	132,582.	26,010.	26,264.	334,589.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,660.	15,041.	19,378.	19,015.	18,394.	84,488.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						419,077.
12	Gross receipts from related activ	vities, etc. (see in:	structions)	<i></i>		12	0.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	)20 (line 6, colum	n (f), divided by li	ne 11, column (f)	) <i></i>	14	79.84%
	Public support percentage from						83.52 %
	ia 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
Ь	b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	Ta 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the facts-a d-circumstances	and-circumstances test. The organiza	s test, check this lation qualifies as	box and <b>stop her</b> a publicly support	e. Explain in Part \ ted organization	/I now the
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions
RAA					Sc	hedule A (Form 99	0 or 990-EZ) 2020

35-1929601

Schedule A (Form 990 or 990-EZ) 2020 Daybreak Childrens Foundation Inc.

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

Support Scriedaic for Organizations Bosonison in Gostion Grand	
(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.)	

Sect	ion A. Public Support						
Calenda	ar year (or fiscal year beginning in) 🟲	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.')						
	related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513.						
·	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>7</b> a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6						
1 <b>0</b> a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		411/4				
С	Add lines 10a and 10b				ļ		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	d stop here		I, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>&gt;</b> [
	tion C. Computation of Pu						
15	Public support percentage for 2						<u> </u>
16	Public support percentage from						8
	tion D. Computation of In						C
17	Investment income percentage						8
18	Investment income percentage						%
	33-1/3% support tests—2020. If is not more than 33-1/3%, chec	k this box and sto	<b>op here.</b> The orga	inization qualifies	as a publicly supp	oorted organization	i <b>*</b> 📙
Ь	33-1/3% support tests—2019. If line 18 is not more than 33-1/39	%, check this box	and stop here. T	he organization q	ualifies as a public	cly supported orga	nization 🟲 🔲
20	Private foundation. If the organ	ization did not ch	eck a box on line	14, 19a, or 19b,	check this box an	d see instructions .	▶ ∐
BAA			TEEA0403	09/14/20	S	chedule A (Form 9	90 or 990-EZ) 2020

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.)

~ ··	A A 11	Supporting Organizations
Soction	A A 11	Supporting Fragnizations
JECHOII /	¬. ЛП	Juppor tillig Organizations

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

		Yes	No
	1		
	- 1		
)	3a		
	3b		
	3с		Income and
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	4b		
	4c		
	5a		
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	10b	1	

Pa	rt IV Supporting Organizations (continued)		т	••••
		oned Witness	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,	11a		Marie Co
	the governing body of a supported organization?	11b		
	b A family member of a person described in line 11a above?	11c		<del></del>
	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	110		
Se	ction B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No_
Se	ction D. All Type III Supporting Organizations			
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	Yes	No
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	1000	
Se	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The state of the A.C. Was Task Complete fine 2 below			
	The second of th			
	The state of the s	e instr	uction	s).
	The organization supported a governmental entity. Describe in Part VI now you supported a governmental entity (see			
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
	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.	2a		
	<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1005569 10250 (9)	
	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.	3a		
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio			Part VI). <b>See</b>
Sec	etion A – Adjusted Net Income	IIS III	(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		TWO WINDS
Sec	tion 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):			
ā	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1с		
•	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		100000000000000000000000000000000000000
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		7374444444444
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		The same of the sa
Sec	tion 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).			100000000
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting org	janization
RΔΔ				

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Schedule A (Form 990 or 990-EZ) 2020

	edule A (Form 990 or 990-EZ) 2020 Daybreak Childrens	Foundation Inc.	35-	192	9601 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued	')	, age
Sec	ction D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		1	
_2	Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity	s of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		3	18888
4	Amounts paid to acquire exempt-use assets	eapported organizations		4	
	Qualified set-aside amounts (prior IRS approval required - provide	de details in Part VN		5	
6	Other distributions (describe in Part VI). See instructions.	6	****		
7	7 Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	ation is responsive (provide	details	8	******
9	Distributable amount for 2020 from Section C, line 6	*****	****	9	·····
10	Line 8 amount divided by line 9 amount			10	
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6			(2000 UP)	
	Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.				
~	Excess distributions carryover, if any, to 2020				Pinnes at necession second
	From 2015				
Ŀ	P From 2016		Richard Swiften of the State		
	From 2017		00 (515 (20 ) (50 ) 12 (40 ) (50 ) (60 ) (60 )		sisanionesi islaadi kiroli ollee
	From 2018				
	From 2019				
	f Total of lines 3a through 3e		ro distributes (personal distributes di		Never 60 William December 50
g	Applied to underdistributions of prior years			18	
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)			(6)(GY 19)	
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2020 from Section D, line 7: \$				
	Applied to underdistributions of prior years			100	
	Applied to 2020 distributable amount			UNOSS.	
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			(1) (1) (1)	
	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			izin si	
8	Breakdown of line 7:		1916 (81) 1231 (124) SEC 1050 (127) (199) E	1915 T. 1915 14 15 11 11 11 11 11 11 11 11 11 11 11 11	nesetyan Pilante inilanga yang kan pan pangan pangan dalah
	Excess from 2016				
	Excess from 2017	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (			(ver continue continue ver ver continue ver continue ver continue ver continue ver continue ver continue ver c
C	Excess from 2018	res (5) giorge et (1)0 grassman (1)	1992 noscon 600 250 bronsprogram (CCC)	aranger vije. Billion vere	1900 1900 1901 Low Con 919 1901 190

e Excess from 2020 . . . . . BAA

d Excess from 2019 . . . . .

Schedule A (Form 990 or 990-EZ) 2020

35-1929601

Part VI

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

# Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

2020

OMB No. 1545-0047

Name of the organization Daybreak Childrens Foundation Inc.						
dba For	t Wayne Childrens Foundation	35-1929601				
Organization type (check one):						
Filers of:	Filers of: Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on				
	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					
Note: Only a section 501(c)(7)	red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a S	special Rule. See instructions.				
General Rule		na \$5,000 or more (in maney				
or property) from any	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribu	utor's total contributions.				
Special Rules						
under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/39 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lir ne contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that				
during the year, tota purposes, or for the	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.					
during the year, con \$1,000. If this box is charitable, etc., pur	described in section 501(c)(7). (8), or (10) filing Form 990 or 990-EZ that rectributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such corsched, enter here the total contributions that were received during the yeapse. Don't complete any of the parts unless the <b>General Rule</b> applies to this <i>sively</i> religious, charitable, etc., contributions totaling \$5,000 or more during	ntributions totaled more than ar for an <i>exclusively</i> religious, organization because				
990-PF), but it must answer 'I	isn't covered by the General Rule and/or the Special Rules doesn't file Scheo No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF,				

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		1 1 Page <b>2</b>
Name of org	anization	1 ' '	ridentification number 929601
Part I	eak Childrens Foundation Inc.  Contributors (see instructions). Use duplicate copies of Part I if a		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sweetwater Sound Inc		Person X Payroll
	5501 US 30 West	\$10,000.	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ss	Person Payroll Noncash  (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Payroll Noncash

(Complete Part II for noncash contributions.)

Employer identification number

Daybreak Childrens Foundation Inc.

35-1929601

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N	V/A	-	
		\$	
(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
BAA		chedule B (Form 990, 990-E	7 or 990-PE) (202

Schedule B (Form 330, 33	0-E2, 0( 990-FF) (2020)			raye
Name of organization		Employe	r identification n	ıumber
Daybreak Childre	ns Foundation Inc.	35-19	929601	
	religious, charitable, etc., contributions to organizations descr			(7), (8),
or (10) that t	otal more than \$1,000 for the year from any one contributor. Complete colur	mns (a) through (	e) and	

	the following line entry. For organizations of \$1,000 or less for the year	completing Part III, enter the tota	al of exclusively religious, charitable, etc.,	١	
(a) No. from	Use duplicate copies of Part III if additiona  (b) Purpose of gift		(d) Description of how gift is held	<u>.</u>	
Part I	N/A			_	
				- · 	
		(e) Transfer of gift	ft		
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			Į.		
		(e) Transfer of gift			
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee	_	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	_	
	(e) Transfer of gift				
	Transferee's name, addre	ess, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Parti				_	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
	<u> </u>		<del> </del>		

## **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation Employer identification number

35-1929601

# Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 was given to the Chairman and Treasurer prior to filing for their review and approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Items will be made available upon request.



# SBS CPA GROUP, INC. 10351 DAWSONS CREEK BLVD STE H FORT WAYNE, IN 46825 260-407-5000

December 16, 2021

Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation 429 East Dupont Road, PMB 189 Fort Wayne, IN 46825

## Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Brent A Bracht

PS - We are a growing business and we greatly appreciate your referrals!

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

·····	, , , , , , , , , , , , , , , , , , ,		1 3			
Automatic	: 6-Month Extension of Time. Only sub	mit origina	al (no copies needed).			
All corporation	ons required to file an income tax return other the	nan Form 99	0-T (including 1120-C filers), partnership	s, REM	IICs, and t	rusts must
ion Form 7004 to request an extension of time to tile income tax feturos.				Taxpaye	r identificatio	n number (TIN)
Гуре or						
orint	Daybreak Childrens Foundation	inc.		35-1	929601	
	dba Fort Wayne Childrens Foun	instructions.	Annual Control Control	100 =	<u> </u>	
file by the lue date for						
iling your	429 East Dupont Road, PMB 189 City, town or post office, state, and ZIP code. For a foreign ad	idress, see instru	ections.			
eturn. See nstructions.	`					
	Fort Wayne, IN 46825					
Enter the Re	eturn Code for the return that this application is	for (file a se	parate application for each return)			01
		Return	Application			Return
Application Is For		Code	Is For			Code
	Form 990-EZ	01	Form 990-T (corporation)	****		07
Form 990-B		02	Form 1041-A			80
Form 4720 (		03	Form 4720 (other than individual)			09
Form 990-P	The state of the s	04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
<ul><li>If the or</li><li>If this is</li></ul>	ne No. ► 260-407-5000  ganization does not have an office or place of b  for a Group Return, enter the organization's founts  is box ► . If it is for part of the group,	ur digit Group	ne United States, check this box Exemption Number (GEN)	f this is	for the wi	nole group,
	nsion is for.					
for the ► [	est an automatic 6-month extension of time untile organization named above. The extension is for calendar year 20 or tax year beginning7/01, 2020 tax year entered in line 1 is for less than 12 mo	or the organizer the organizer, and endi	ration's return for:	zation nal retu		
3a If this	nange in accounting period application is for Forms 990-BL, 990-PF, 990-T	, 4720, or 60	69, enter the tentative tax, less any	3-	¢	
nonre	fundable credits. See instructions			3a	Þ	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, c ayments made. Include any prior year overpaym	ent anoweu	as a credit	3 b	\$	0.
EFTP	i <b>ce due.</b> Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System). Se	e instruction	IS	3 c		0.
Caution: If payment in	you are going to make an electronic funds with	drawal (direc	t debit) with this Form 8868, see Form 8	453-E0	and Forr	n 8879-EO for

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

Form 8868 (Rev. 1-2020)

# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2020 calend	dar year, or tax year beginn	ing //Ul	, ZUZU, a	na enam	9 6/			2021	
В	Check if a	pplicable:	С					D Employe	er identifica	tion number	
	Addre	ess change	Daybreak Children	s Foundation 1	Inc.			35-1	92960	1	
	_	e change	dba Fort Wayne Ch	ildrens Founda	ation			E Telephor	ne number		
	<b></b>		429 East Dupont R	oad, PMB 189				260-	492-8	811	
		l return	Fort Wayne, IN 46	825				200	172 0	<u> </u>	
	Final r	eturn/terminated	ļ						٠. د	122	250
	Amer	nded return					and hall Main	G Gross re	<u> </u>	132,	X No
	Appli	ication pending	F Name and address of principal of	officer:		l l	``	a group return			$\vdash$
			429 East Dupont Road,	PMB 189 Fort Wa	yne, IN 4682	25	If "No,	l subordinates " attach a list.	See instruc	tions Yes	No
ī	Tax-exe	empt status:	X 501(c)(3) 501(c) (	)◀ (insert no.)	4947(a)(1) or	527					
ï			tp://fortwaynechi	ldrensfoundati	on.org/		H(c) Group	exemption nu	mber 🟲		
K		f organization:		Association Other	L Ye	ar of formati	on: 199	4 Mis	tate of legal	domicile: IN	
	rorm or art l			703001011017							
Γ (	11.1	Summar	y ibe the organization's missio	on or most significant	activities: Acct	ist or	raniza	tions 1	hat h	elp prev	ent
	1				2011100.7233	<u> </u>	241112				-=
á	2	hild ab	use						. – – – –	·	. — — —
Activities & Governance	_										
ᇤ	_			discontinued its oper			ro than 1	25% of its	net asset		
õ	2 C	heck this be	ox F	alscontinueu its oper	ations of dispo-	354 OF THE	ne man a	Company   Comp	3		5
<u>ن</u>	3 N	lumber of Vo	oting members of the govern idependent voting members	of the governing hody	: 1a)	1b)			4		0
SS	4 N	lumber of in	r of individuals employed in	colordor year 2020 (E	Part V line 2al	10)			5	A	<u></u>
#	5 T	otal numbe	r of individuals employed in r of volunteers (estimate if r	calellual year 2020 (i	art v, mic zay				6		0
€	6 T	otal numbel	ed business revenue from P	lectessally)	ine 12				7a		0.
⋖	/a	otal unrelat	d business taxable income f	ram Form 990 T Part	line 13				7b		0.
	b IV	let unrelatei	u pusitiess taxable litcome ii	101111 01111 330-1, 1 dit	1, 1010 13			Prior Year		Current Ye	
				1 5 \				26,0	U B		265.
a)	8 C	Contributions	s and grants (Part VIII, line	(f))		<i></i>	·	20,0	00.	20,	200.
룵	9 P	rogram ser	vice revenue (Part VIII, line	29)			·	22,2	02	67	473.
Revenue	10 lr	nvestment i	ncome (Part VIII, column (A	), lines 3, 4, and 7d).			·	44,4	02.	07,	*213.
Œ	11 C	Other revenu	ue (Part VIII, column (A), lin	es 5, 6a, 8c, 9c, 10c,	and trej	. 10\	·	48,2	00	0.3	738.
	12 T	otal revenu	e - add lines 8 through 11	(must equal Part VIII,	COLUMNI (A), IIII	ie 12)		<del></del>			
			similar amounts paid (Part I)					35,0	100.	<u> </u>	<u>595.</u>
			d to or for members (Part IX								
	<b>15</b> S	Salaries, oth	er compensation, employee	5-10)	•						
ses	16a F	Professional	fundraising fees (Part IX, c								
Expenses	ьт		ising expenses (Part IX, colu				8,759000			W-1917 (117 )(17 H)	1000000
X			ises (Part IX, column (A), lin				. 255/2/2015/15/2	15,2	22	11	041.
	1/ (							····			636.
			ses. Add lines 13-17 (must e					50,2			
		Revenue les	s expenses. Subtract line 18	3 from line 12				-1,9			102.
Net Assets or	800						Beginn	ing of Currer		End of Ye	
ŧ.	20 T	Total assets	(Part X, line 16)	,	· · · · · · · · · · · · · · · · · · ·			935,5		1,139,	
¥.	<u>21</u> 21	ľotal liabiliti	es (Part X, line 26)		· · · · · · · · · · · · · · · · · · ·				0.		<u>0.</u>
ž.	5 22 N	Vet assets o	or fund balances. Subtract lin	ne 21 from line 20				935,5	513.	1,139,	,805.
	art II		re Block								
				rn including accompanying	schedules and stater	ments, and to	the best of	mv knowledge	e and belief	, it is true, correc	t, and
cor	nplete. Dec	claration of prep	declare that I have examined this retu parer (other than officer) is based on a	all information of which prepa	rer has any knowled	ige.		, ,			
_				***************************************			1				
c:		Signat	ture of officer					Date			
	ign ere	N Dot	ial Millor				Ψтωз	asurer			
r	CIC		rick Miller or print name and title				1160	13ulel	<del></del>		
				Preparer's signature	*****	Date			:4 PT	'IN	
			preparer's name					Check	'''		
	aid		A Bracht	Brent A Brach	τ	L		self-employ	red IP	<u>00868356</u>	···
	repare			*********		_					
U	se Oni	<b>y</b> Firm's add	tress 🔭 <u>10351 Dawsons</u>	s Creek Blvd S	te H			Firm's ElN	~~~~	2156447	
			Fort Wayne, 1	IN 46825				Phone no.	260-4	07-5000	
Ma	ay the IF	RS discuss t	this return with the preparer	shown above? See in	structions					X Yes	No

orm 9	90 (2020) Daybreak Childrens	Foundation Inc.	35-1929601	Page 2
art	III Statement of Program Service	Accomplishments	<del></del> -	_
	Check if Schedule O contains a respo	nse or note to any line in this Part III		
1 E	Briefly describe the organization's mission:			
		elp prevent child abuse.		
-	ASSIST Organizations that he	275 Drozone onere assessing		
-				
_				
		L'ulla and high word not il	etad on the prior	
2 [	old the organization undertake any significant pi	rogram services during the year which were not li	Sted on the phor	s X No
			[ ] •	s A NO
	f "Yes," describe these new services on Schedu	ale O.		
3 [	old the organization cease conducting, or ma	ake significant changes in how it conducts, ar	ıy program services? Ye	es X No
1	f "Yes " describe these changes on Schedule O	),		
		accomplishments for each of its three largest s are required to report the amount of grants	program services, as measured to and allocations to others, the total	y expenses. Il expenses,
;	and revenue, if any, for each program service	e reported.		
12	Code: ) (Expenses \$	17,595. including grants of \$	) (Revenue \$	)
+4	Me emport Organizations in	NE Indiana to help prevent a	buse, support program	s for
	To support Organizacions in	d assistance in abusive situa	tions and be proactive	re in
	parental/cniid_education_and	d dssistance in abusive siete	m	
	dealing with the abuser/pred	dator through the court syste		
				· · · ·
A 1.	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
ŧ Þ	(Code:) (Expenses \$	molading grante of T	^	
		<u> </u>		
			·	
4 c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	·····
4	Other program services (Describe on Sche	dule O.)	***************************************	
		icluding grants of \$	) (Revenue \$	)
Δ.	Total program service expenses	17,595.		
3AA	Total program service expenses	TEEA0102L 10/07/20		Form <b>990</b> (2020
$\neg \sim$		The section of the se		•

Page 2

35-1929601

Form 990 (2020)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 1 X Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I..... X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II..... Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . . Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.......... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D, Part III ..... Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. Χ 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. Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a **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*...... Χ 11 b 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. Χ 11 c 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 Χ 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... 11 e 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... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a Schedule D, Parts XI and XII...... 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.......... Χ 12b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... Χ 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?...... **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*..... Χ 14b 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..... Х 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 foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV...... Χ 16 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..... X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ 19 complete Schedule G, Part III ..... Χ 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b 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..... Χ

rar	tiv Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	165	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? <i>If 'Yes,' complete Schedule J.</i>	23		х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No. 'go to line 25a.	24a		х
·	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		X
27	and the second are allowed an allowed to any current or former officer, director, trustee, key	. 27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	288	<del></del>	X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28t	)	<u>X</u>
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	. 280	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	. 29		<del>  ^</del>
30	contributions? If 'Ves' complete Schedule M	. 30		X
31		. 31	-	<del>  ^</del>
32	Schedule N, Part II	. 32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	. 33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	. 34	-	X
35	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35	a	$+\frac{\Lambda}{}$
	<b>b</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	. 35	b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	. 36		Х
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Note: All Form 990 filers are required to complete Schedule O	38	}	ζ
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Ye	s No
	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	aud Paga	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ō		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	3000		
	(gambling) winnings to prize winners?	,	c >	
BA	TEEA0104L 10/07/20	Fo	rm 99	<b>0</b> (2020)

X

X

X

Form 990 (2020)

14 a

14b

15

16

35-1929601 Page 5 Daybreak Childrens Foundation Inc. Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... Х b If 'Yes,' enter the name of the foreign country► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.... 5 b 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible?.... 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a services provided to the payor?..... 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?...... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282?.... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ........ g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a is the organization licensed to issue qualified health plans in more than one state?..... Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....

c Enter the amount of reserves on hand......

excess parachute payment(s) during the year? .....

If 'Yes,' see instructions and file Form 4720, Schedule N.

If 'Yes,' complete Form 4720, Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year?.....

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . . . . .

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?......

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..... Section A. Governing Body and Management Yes No 5 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent . . . . 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Χ 4 Did the organization make any significant changes to its governing documents X 4 since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 5 X 6 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body?.... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10 a 10 a Did the organization have local chapters, branches, or affiliates?.... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this was done..... Χ 13 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  $\overline{X}$ 15 a a The organization's CEO, Executive Director, or top management official..... X **b** Other officers or key employees of the organization..... 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year?.... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ INSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain on Schedule O) Upon request Another's website Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ▶ SBS CPA Group 10351 Dawsons Creek Boulevard Suite H Fort Wayne IN 46825 260-407-5000

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

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

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

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

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

BAA

X Check this box if neither the organization nor	any related organiz	ation	com			d any	¢u	rrent officer, directo	or, or trustee.	1900
<b>(A)</b> Name and title	( <b>B)</b> Average	Pos than	both	an o	ot che unles	eck mo ss perso and a	re on	( <b>D</b> )  Reportable  compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(1) Byron R Braun	1									_
Vice Chairman	0	X						0.	0.	0.
(2) Tiercell Schwartz								_		ĺ
Trustee	0	X						0.	0.	0.
(3) Michael Huffman									_	_
Secretary	0_	X						0.	0.	0.
(4) Blake Poindexter	1								0.	0.
President	0	X	ļ	<u> </u>		-		0.	<u> </u>	0.
									0.	0.
Treasurer	0	X			<del> </del>	-	<u> </u>	0.		0-
<u>(6)</u>										
(8)										
(9)					T		-			
(10)										
(11)		-								
(12)										
(13)					-	-				
(14)		-								
RAA	TFFA	01071	10//	17/20		<u> </u>				Form <b>990</b> (2020)

Part VII Section A. Officers, Directors, Tr	ustees,	Key	Em			es, a	ınd	l Highest Com	pensated Em	ployees (continued)
3-14	(B)			((	<b>)</b>					
(A) Name and title	Average hours per	(do box offic	not o , unle cer ar	ss pe	erson direct	than o is both or/trust	an (ee	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount
		or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(15)										
(16)								***		
(17)										
(18)								***************************************		
(19)										
(20)		-								
(21)										
(22)		-								
(23)										
(24)		-								
(25)		-								
1 b Subtotal							<b>&gt;</b>	0.		) <u>.</u> (
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c).							<b>&gt;</b>	0. 0.	C	). (
2 Total number of individuals (including but not limite from the organization ► 0	ed to those	listed	abo	ove)	WHO	recei	veu	more than \$100,0	OO OI Teportable Co	Yes N
<ul> <li>3 Did the organization list any former officer, directly on line 1a? If 'Yes,' complete Schedule J for some superior of the second secon</li></ul>	of reporta ater than \$	<i>iuai.</i> . ble c 3150,0	omp 000?	ens ens	atio Yes	n and , <i>con</i>	··· oth	ner compensation		3
such individual	rue compe	nest	 ion f	rom		 V Linte	 Alatı	ed organization o	r individual	5
for services rendered to the organization? If 'Y Section B. Independent Contractors	es,' comp	lete S	sche	dule	e J f	or su	cn p	person		
Complete this table for your five highest comp compensation from the organization. Report comp	ensated in ensation fo	depe r the	nde: cale	nt conda	ontra r yea	actors ir end	th: ing	with or within the t	nyanization s tax y	ear.
(A) Name and business a	ddress							Description	3) of services	(C) Compensation
					•					
									- Livering -	
2 Total number of independent contractors (includin		mited	to th	nose	liste	ed abo	ove)	who received mor	e than	ispanon karangan da karangan Karangan padangan da karan
\$100,000 of compensation from the organization	ou ► 0		Δ <b>∩</b> 108	N 1/	010715	·····				Form <b>990</b> <i>(2</i> 02

		Check if Schedule	e O c	contains a	respoi	nse or note to any	line in this Part V	III	· · · · · · · · · · · · · · · · · · ·	
							(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts ts		Federated campaign		<u> </u>	1 a					Krale og tillvign sinne i
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		[	1 b			20 (31 (40 (28 (35 26) 46) (46) 20 (32 (32 (4) (4) (4) (4) (4)		
S, G		Fundraising events.		1-	1 c		a dhan a a a dhan a			
ar lar	d	Related organization	ns	[	1 d				2010/06/2010/06/06	
s, ( imil		Government grants (conti			1 e	***************************************				
E S	f	All other contributions, gi similar amounts not inclu			1 f	26,265.		e de la companya de l	gir dan de fêriê, ez di dêr	en de Productier (Suignation en la c
ibu the	a	Noncash contributions in	cluded	in t		20,203.	5 (46 (19 (6) (6) (6) (6) (8) (8)	Bernanderst spraktisch ab		Gagueren beregepeten d
d C	_	lines 1a-1f		<i>.</i> <u>.</u>	1 g					
	h	Total. Add lines 1a-	1f		<u></u>		26,265.			en e
ure	<b>.</b>				H	Business Code				
ek ek	2a b									
er E	D		·							
ryic	4									******
Se	u									
fran	f	All other program s	ervio	e revenu	a -		*******			
Program Service Revenue		Total. Add lines 2a				· · · · · · · · · · · · · · · · · · ·			Mark of the second	an a
	3	Investment income (i	includ	dina divide	nds. int	erest, and		The state of the s		
	_	other similar amour	nts).			,	18,394.	18,394.		
	4	Income from invest					******			
	5	Royalties								
				(i) Re	eal	(ii) Personal				
			6a							
		Less: rental expenses	6b							
	1	Rental income or (loss)  Net rental income of		sec)		<u> </u>			102000 NUNCCESSOR VALUE (VA	ishwasi Alifebaji kasaman wang ila
			יין ונ ר	(i) Secu		(ii) Other	Sautes les infles consumint diviniti	a reconstruction and the		
	7 a	Gross amount from sales of assets				``		n der versiert der de genoch		
	١.	other than inventory	7a	87	<u> 599.</u>					
		Less: cost or other basis and sales expenses	7b	38	520.		organical and property		e ilsegie soendati	
	c	Gain or (loss)	7с		079.					
	C	Net gain or (loss).					49,079.	49,079.		
Φ	8 a	Gross income from fund	raisin	g events						
	-	(not including \$								
Other Revenu		of contributions reported						r sa diska diska sa an		1 (4 10 m 1974) si n
ŭ		See Part IV, line 18			8a					
Ę.		Less: direct expens			86	.1		25 Van 25 100 200 300 300 100		
ō	1	: Net income or (los			nsing e	vents				
	9 a	Gross income from gam See Part IV, line 19	ing ac	tivities.	9 a	,				
		Less: direct expens			9 b	<u> </u>	† wasan in ikanoon iili	Learning Street Commission		
		Net income or (los			g activi	ities				
	1				·			en sa ninviduos auroimas	a da la divida biologica	
	102	<ul> <li>Gross sales of inventory returns and allowances</li> </ul>	, 1000		10a		100000000000000000000000000000000000000			
		Less: cost of good			101					
	(	: Net income or (los	s) fro	om sales	of inve				a namena variation di managaria	
SH						Business Code				
Miscellaneous Revenue	11 8	<u>'</u>						-		
<u>la</u>	'	.'								
Sce.		All other revenue.						1		
Σ		Total. Add lines 11			L	<b>*</b>	-	acapatagangki (sik) (sik) (sik) pasa		
	12	Total revenue. See					93,738	67,473.	0.	0

## Part IX Statement of Functional Expenses

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

	Check it Schedule O contains a r		· · · · · · · · · · · · · · · · · · ·		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	17,595.	17,595.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	***************************************			
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
ā	Management				
Ŀ	Legal	203.		203.	
c	: Accounting	1,206.		1,206.	
c	i Lobbying	, , , , , , , , , , , , , , , , , , , ,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,128.		5,128.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion	1,236.		1,236.	
13					
14	Information technology	***************************************			
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	HIONAL 11			HATCH CONTRACT OF THE CONTRACT
	Interest		<del></del>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,082.	***************************************	2,082.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Credit Card Fees	705.		705.	sa, visa quoi datto significa (dativo) (dativo)
	Website	450.		450.	
	Supplies	24.		24.	
c	Postage and Shipping	5.		5.	
	All other expenses.	2.		2.	****
25	Total functional expenses. Add lines 1 through 24e	28,636.	17,595.	11,041.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)			,	
ŽΛΛ					

Form 990 (2020) Daybreak Childrens Foundation Inc. Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... Beginning of year End of year 1 Cash — non-interest-bearing..... 2 58,824 76,922 Savings and temporary cash investments ..... 2 3 Pledges and grants receivable, net ..... 3 4 Accounts receivable. net ...... Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net ..... 8 Inventories for sale or use..... Assets 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a 10 c b Less: accumulated depreciation..... 10 b 1,080,981. 11 858,590 11 Investments – publicly traded securities..... 12 12 Investments – other securities. See Part IV, line 11..... 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets ..... 14 Other assets. See Part IV, line 11. 15 15 16 1,139,805. 935,513. Total assets. Add lines 1 through 15 (must equal line 33)..... 17 Accounts payable and accrued expenses..... 17 18 18 Grants payable..... 19 Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 22 23 Secured mortgages and notes payable to unrelated third parties..... 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 0 0. Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here > Balances and complete lines 27, 28, 32, and 33. 27 1,139,805 Net assets without donor restrictions..... 935,513 27 28 Net assets with donor restrictions..... Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ō 29 Capital stock or trust principal, or current funds..... 29

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Net Assets

31

32

33

TEEA0111L 10/07/20

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

Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.....

1,139,805. Form 990 (2020)

1,139,805.

30

31

32

33

935,513

935,513.

Х

Form 990 (2020)

If the organization changed either its oversight process or selection process during the tax year, explain

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....

TEEA0112L 10/19/20

on Schedule O.

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#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name o	of the organization Daybreak (	Childrens Foun	dation Inc.			Employer identific	
Dad	dba Fort V	Wayne Children	s Foundation			35-192960	)1
The	Reason for Public Ch organization is not a private four	adation because it in	organizations must	compi	ete thi	s part.) See instru	ctions.
1	A church, convention of church						
2	A school described in <b>section</b>					(1).	
3	A hospital or a cooperative					A VIII)	
4	A medical research organiz						Inter the boenital's
_	name, city, and state:					· ···	
5	An organization operated for section 170(b)(1)(A)(iv). (C	Complete Part II.)			_	-	escribed in
6	A federal, state, or local go	vernment or governm	ental unit described in s	section 1	1 <b>70(</b> b)(1	)(A)(v).	
7	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 describe	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)			
9	An agricultural research organ or university or a non-land-gra university:	nization described in <b>se</b> ant college of agricultur	ction 170(b)(1)(A)(ix) opele (see instructions). Ente	rated in o	conjuncti ne, city,	on with a land-grant college and state of the college	ege or
10							
11	An organization organized a	and operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).	
12	An organization organized a or more publicly supported lines 12a through 12d that or	and operated exclusive organizations describes the type of a	ely for the benefit of, to ed in section 509(a)(1)	perform	the fur	nctions of, or to carry o	ut the purposes of one ()(3). Check the box in
а	Type I. A supporting organization organization (s) the power to r complete Part IV, Sections	tion operated, supervise egularly appoint or elec	ed, ar controlled by its sui	norted o	rnanizat	ing(s) typically by giving	the supported on. <b>You must</b>
b	Type II. A supporting organimanagement of the supporting must complete Part IV, Sec	ization supervised or or organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>
С	Type III functionally integrated organization(s) (see instruc	d. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections	n with, ar <b>A, D, an</b>	nd function	onally integrated with, its	supported
d	Type III non-functionally integrated. The instructions). You must con	grated. A supporting org	ganization operated in con v must satisfy a distribu	nnection	with ite	supported organization(a)	that is not
e	Check this box if the organi, integrated, or Type III non-f	zation received a writt unctionally integrated	ten determination from supporting organization	the IRS			e III functionally
f	Enter the number of supported	organizations		· · · · · · · · ·			
	Provide the following information	T					
U.	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)		1000				**************************************	
(C)	NATION AND ADMINISTRATION AND AD						
(D)							
(E)							
Total						WATER TO THE PARTY OF THE PARTY	

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.)

Sect	ion A. Public Support									
Caler begit	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	82,202.	67,531.	132,582.	26,010.	26,264.	334,589.			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	82,202.	67,531.	132,582.	26,010.	26,264.	334,589.			
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)						0.			
6	Public support. Subtract line 5 from line 4						334,589.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total			
7	Amounts from line 4	82,202.	67,531.	132,582.	26,010.	26,264.	334,589.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,660.	15,041.	19,378.	19,015.	18,394.	84,488.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					and the second s	0.			
11	Total support. Add lines 7 through 10				on enemalarily recognition		419,077.			
12	Gross receipts from related act	ivities, etc. (see ir	structions)			12	0.			
13	First 5 years. If the Form 990 is organization, check this box an	s for the organizat d <b>stop here</b>	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □			
Sec	ction C. Computation of Pu	ublic Support l	Percentage							
14	Public support percentage for 2	2020 (line 6, colum	nn (f), divided by l	ine 11, column (f	))	14	79.84%			
15	Public support percentage from						83.52 %			
	33-1/3% support test—2020. If and stop here. The organizatio	n qualifies as a pi	abiliciy supported c	organization		· · · · · · · · · · · · · · · · · · ·	21			
1	b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17	a 10%-facts-and-circumstances or more, and if the organization the organization meets the fact	n maate tha tacte-	and-circumstance	s test innerk tills	nox and stoo ner	e. Explain il car	V 1 3 1 U W			
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	n meets the facts- ind-circumstances	and-circumstance ' test. The organiz	s test, check this ation qualifies as	box and <b>stop ner</b> a publicly suppor	ted organization	Vi flow tise ►			
18	Private foundation. If the organ	nization did not ch	eck a box on line	13, 16a, 16b, 1/			structions			

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, which you checked box 12c, Part II and II an

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V.)	
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	Sections	
<b>4</b> a	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.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
d	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 <b>Part VI</b> 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.	<u>4c</u>		
5	a 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 <b>Part VI</b> , 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).	5a		
İ	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	0.700000	na Nana viterion
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 filling organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a 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 <b>Part VI</b> .	9a		
	<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		n en en
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		11 GAVEC
	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 hydrogs holdings)	10b		

Pa	rt IV Supporting Organizations (continued)		<del></del>	
	the following payment?	SHEET STATE	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,	11a		7/600/10 F 2/13/5/1120
	the governing body of a supported organization?	11b		
	b A family member of a person described in line 11a above?	11c		
	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	110		
Sec	ction B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Se	ction D. All Type III Supporting Organizations		Van	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	Yes	NO
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	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 (se	e insti	ructior	is).
_	2 Activities Test. Answer lines 2a and 2b below.		Yes	T
2		10000		0.500,000
	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.	2a		
	<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
\$	Parent of Supported Organizations. Answer lines 3a and 3b below.	200		
	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 <b>Part VI</b> .	<b>3</b> a	8 776)039 1	
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b		20.04.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):		ing of the second of the secon	
a	Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		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		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		32
Sec	tion C — Distributable Amount		ara uda ingoniusanan in aksuga waxay ingungaa garagi ka ing	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	egrate		
BAA			Schedule A (F	orm 990 or 990-EZ) 202

סבב זמ מבב זונוט ו) ע פוממפווס	The Day	Aprear Currens	roundation in the.	
See Type III Non	Functionally	ntograted 509(a)(3)	Supporting Organization	as (continu

	Section D - Distributions		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020				
a From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017			66 (50 kg) (go gg (65 kg) (go (5)	
<b>d</b> From 2018				
e From 2019				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				
i Carryover from 2015 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			grandingstation (1994)	
4 Distributions for 2020 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2020 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019	(5) (5) (4) (6) (6) (6) (6) (6)		o proprio de aparecer de pr	
e Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization Daybreak Childrens Foundation Inc.

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

35-1929601 dba Fort Wayne Childrens Foundation Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.. \( \dots \)

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

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

Daybreak Childrens Foundation Inc.

35-1929601

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Sweetwater Sound Inc 5501 US 30 West	- \$10,000.	Person X Payroll Noncash	
	Fort Wayne, IN 46818	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$ _	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		- \$	Person Payroli Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<b></b> -		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
BAA	TEE40702L 07/28/20	Schedule B (Form 99	0. 990-EZ, or 990-PE) (2020)	

Daybreak Childrens Foundation Inc.

Employer identification number

35-1929601

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
(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
		  s	

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### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Daybreak Childrens Foundation Inc. dba Fort Wayne Childrens Foundation

Employer identification number 35-1929601

### Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 was given to the Chairman and Treasurer prior to filing for their review and approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Items will be made available upon request.