Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

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

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



AF	or the	e 2019 calendar year, or tax year beginning and	ending	_	
B c	Check if pplicable	e: C Name of organization		D Employer identifie	cation number
	Addres				
	Name Change	e Doing business as		81-42674	14
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/ termin-			765-651-	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	825,927.
		CARMED, IN 40052		H(a) Is this a group re	
	tion pendin	F Name and address of principal officer: SCOTT MOOREHEAD	000	for subordinates	
	-	525 CONGRESSIONAL BLVD, CARMEL, IN 46	032	H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () \leq (insert no.) 4947(a)(1)$	or 527		list. (see instructions)
		te: HTTPS: //WWW.TCCGIVES.COM/	1	H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: IN
FC		Briefly describe the organization's mission or most significant activities: THRO		R FMDLOVFFS	' AND
ce	1	CUSTOMERS' PASSIONS, WE BELIEVE WE CAN M	AKE OU	R COMMINITT	ES BETTER
Activities & Governance	-	Check this box			
ver					11
ß		Number of independent voting members of the governing body (rait vi, interva)			4
ې د		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		····· <u>··</u>	2
/itie		Total number of volunteers (estimate if necessary)			50
cti	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		755,291.	818,772.
nuə	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	285.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,652.	-29,168.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		742,639.	789,889.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		806,319.	705,092.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,640.	29,824.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Хр		Total fundraising expenses (Part IX, column (D), line 25) 14,9		FO 141	44 220
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,141.	44,320.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		871,100.	779,236.
<u>_</u> ~ ~ ~	19	Revenue less expenses. Subtract line 18 from line 12		-128,461.	10,653.
Net Assets or Fund Balances				ginning of Current Year 344,099 •	End of Year 335,203.
Asse Bala		Total assets (Part X, line 16)		19,549.	
let ⊭ und		Total liabilities (Part X, line 26)		324,550.	335,203.
		Net assets or fund balances. Subtract line 21 from line 20		J24,JJU.	555,205.

Part II Signature Block

Τ.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JULIE MOOREHEAD, EXECT Type or print name and title	UTIVE DIRECTOR		Date
Paid	Print/Type preparer's name CASSE TATE	Preparer's signature CASSE TATE	Date 10/26	/20 ^{Check} PTIN self-employed P01271193
Preparer	Firm's name 🕒 KSM BUSINESS SE	RVICES, INC.		Firm's EIN ▶ 35-2123203
Use Only	Firm's address P.O. BOX 40857			
	INDIANAPOLIS, I	N 46240-0857		Phone no. (317) 580-2000
May the I	RS discuss this return with the preparer shown al	oove? (see instructions)		X Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2019) TCC GIVES, INC. 81-42674	14 Page
Par	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
•	Briefly describe the organization's mission: THROUGH OUR EMPLOYEES' AND CUSTOMERS' PASSIONS, WE BELIEVE WE CA	N MAKE
	OUR COMMUNITIES BETTER. TCC GIVES PROVIDES COMMUNITY GRANTS TO S	UPPORT
	INDIVIDUAL PASSIONS AROUND PEOPLE, ANIMALS, AND THE ENVIRONMENT COMMUNITIES THAT WE TOUCH.	IN THE
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 666,174. including grants of \$ 619,692.) (Revenue \$ GRANTS WERE MADE TO ORGANIZATIONS SELECTED TO ALIGN WITH THE FUN	DING
	INITIATIVES OF TCC GIVES.	DINO
4b		
	MORE THAN A PHONE IS OUR PROGRAM THAT DONATES SMART PHONES AND D.	
	SERVICE TO SURVIVORS OF DOMESTIC VIOLENCE. OUR GOAL IS TO HELP T NEED STAY CONNECTED; AS MOST OF US KNOW OUR WIRELESS DEVICES ARE	
	A NECESSITY. WHEN FACED WITH A TRAUMATIC LIFE EVENT, THE REASSUR	
	BEING CONNECTED CAN HELP REDUCE SOME STRESS.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 751,574.	
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Form 990 (2019) TCC GIVES, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 TCC GIVES, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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</i>			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	000		x
29	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	30		I
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V

019) TCC GIVES, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
_	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a		X
b	If "Yes," enter the name of the foreign country					
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		· ,	F -		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
Ua	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			ou		
~	were not tax deductible?		0	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-		•		
0	sponsoring organization have excess business holdings at any time during the year?			8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			10		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1			
r	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	130 13c				
			I	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

0	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>			
Sect	ion A. Governing Body and Management					<u> </u>		т
		Ι.	1		11	-	Yes	╞
	Enter the number of voting members of the governing body at the end of the tax year	. 1	а					l
	If there are material differences in voting rights among members of the governing body, or if the governing							l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				4			l
	Enter the number of voting members included on line 1a, above, who are independent	··	b		4			l
	Did any officer, director, trustee, or key employee have a family relationship or a business relations	-	-				37	ļ
	officer, director, trustee, or key employee?				2	2	Х	ł
	Did the organization delegate control over management duties customarily performed by or under							
	of officers, directors, trustees, or key employees to a management company or other person? \dots				🤇	3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Forr	n 990	was filed	ł?	4	·		1
	Did the organization become aware during the year of a significant diversion of the organization's a					5		1
6	Did the organization have members or stockholders?				6	5		ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	r appo	oint one c	or				I
	more members of the governing body?				7	a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	s, stoc	kholders	, or				I
	persons other than the governing body?				7	b		I
	Did the organization contemporaneously document the meetings held or written actions undertaken during the							Ī
а	The governing body?				8	a	Х	I
	Each committee with authority to act on behalf of the governing body?					b	Х	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r							t
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				ç			
	ion B. Policies (This Section B requests information about policies not required by the Internal							1
				,		-	Yes	1
0a	Did the organization have local chapters, branches, or affiliates?				10)a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such					_		1
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10	ь		I
	Has the organization provided a complete copy of this Form 990 to all members of its governing b					_	Х	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ouy b						t
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12		х	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r				12	_	X	ł
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				14			ł
					12		х	
	in Schedule O how this was done							ł
	Did the organization have a written whistleblower policy?					_	х	ł
	Did the organization have a written document retention and destruction policy?				1	4	<u></u>	ł
	Did the process for determining compensation of the following persons include a review and appro		y indepe	ndent				l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision							ł
	The organization's CEO, Executive Director, or top management official					_		ł
	Other officers or key employees of the organization				15	ib		ł
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	gemer	nt with a					l
	taxable entity during the year?				16	ia		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	uate i	ts partici	pation				l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganiza	ation's					l
	exempt status with respect to such arrangements?				16	ib		1
	ion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{IN}$							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	, and	990-T (Se	ection 501	(c)(3)s c	nly)	avai	k
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website Another's website X Upon request Other (expla	ain on	Schedul	e O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	confl	ict of inte	erest policy	, and fi	nano	cial	
	statements available to the public during the tax year.							
	State the name, address, and telephone number of the person who possesses the organization's	books	and rec	ords 🕨				
20	TIM SPRINGER - 317-819-7066							
20								_
20	TIM SPRINGER - 317-819-7066 525 CONGRESSIONAL BLVD, CARMEL, IN 46032				Fi	orm 9	990	(
20	TIM SPRINGER - 317-819-7066				F	orm 9	990	(

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compen	sated
	Employees, and Independe	ent Contractors			

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average			(Pos	C) itior			(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box	box, unless person is both a officer and a director/truste			is bot	h an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SCOTT MOOREHEAD	1.00										
BOARD CHAIR AND PRESIDENT		х		х				0.	0.	0.	
(2) TIMOTHY SPRINGER	1.00										
TREASURER		х		х				0.	0.	0.	
(3) KATHRYN WILEY	1.00									•	
SECRETARY		X		X				0.	0.	0.	
(4) CONRAD EDWARDS	1.00									<u> </u>	
COMMITTEE CHAIR	1 00	X						0.	0.	0.	
(5) JAY SICHTING	1.00	.,								0	
COMMITTEE CHAIR	1 00	X						0.	0.	0.	
(6) LISA WEAVER	1.00							0.	0.	0	
COMMITTEE CHAIR (7) JENNI WHITE	1.00	X						0.	0.	0.	
(7) JENNI WHITE COMMITTEE CHAIR	1.00	x						0.	0.	0.	
(8) RYAN MCCARTY	1.00						<u> </u>	0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(9) MEGAN CUSTUDIO	1.00										
DIRECTOR		x						0.	0.	0.	
(10) LAWRENCE ADAMS	1.00								•••		
DIRECTOR		x						0.	0.	0.	
(11) BRANDI CRAIG	1.00										
DIRECTOR		x						0.	0.	0.	
(12) JULIE MOOREHEAD	20.00										
EXECUTIVE DIRECTOR				x				0.	0.	0.	
932007 01-20-20	1	L	1	L	L		L	1	1	Form 990 (2019)	

-	TCC GIVES, INC. 81-4267414 Page 8													
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) (B) Name and title Average hours per week			not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
	(list any hours for related organizations be any hours for related organizations (W-2/1099-MISC) below hours for hours							fr org and	pensa om the anizat d relat anizati	e ion ed				
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n							no r	•••),000 of reportab				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	-		-				Ŭ		2	l	•	Tes	X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t										ipens	ation 1	from	
(A) (B) Name and business address NONE Description of services								С) ompe		n			
				-		- 1								
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	nite	d to		se lis)	stec	d above) who received n	nore than			000	
												Form	33N ()	2019)

932008 01-20-20

13391026 757887 80817.000

Check if Schedule Q contains a response or note to any line in this Part VIII. (A) Related or exempt function revenue Total revenue Pelated or an exempt function revenue Check if Schedule Q contains a response or note to any line in this Part VIII. (A) Related or an exempt function revenue Check if Schedule Q contains revenue I a Federated campaigns tai tai total revenue Pelated or an exempt function revenue Check if Schedule Q contains revenue I a Federated campaigns tai tai Colspan="2">Colspan="2" I a Federated campaigns tai total revenue Pelated or an exempt total total revenue I a Federated campaigns grants, and the federated comparison of total revenue 8 18 772. Business Code Business Code I a federated comparison of total revenue Business Code I total Add lines 1a-11 Business Code I a federated comparison of total revenue I a federated comparison of total revenue Bu	(D) Revenue excluded
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gege average of the second	
agg e Government grants (contributions) if All other contributions (nifts, grants, and similar amounts not included above in the start if 60,398. g Noncash contributions included in lines ta-tt ig 818,772. g 2 a	
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3 Investment income (including dividends, interest, and other similar amounts) 285. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sale expenses 7b c Gain or (loss) 7c 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	ļ
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4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 a b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) f Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 Gross income from fundraising events (not including \$	
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9000 6 a Gross rents 6 a (i) Real (ii) Personal 6 a 6 a 6 a 6 a 6 a b Less: rental expenses 6 b 6 c 6 a 6 a c Rental income or (loss) 6 c 6 a 6 a 6 a d Net rental income or (loss) 6 a 6 a 6 a 6 a 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7 a 7 a b Less: Cost or other basis and sales expenses 7 b 7 a 7 a 7 a 7 a c Gain or (loss) 7 c 7 a 7 a 7 a 7 a 7 a 7 a 8 a Gross income from fundraising events (not including \$58,598.of 0 f 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a 6 a	
6 a Gross rents 6a 0 0 b Less: rental expenses 6b 0 0 c Rental income or (loss) 6c 0 0 d Net rental income or (loss) 6c 0 0 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b 0 0 c Gain or (loss) 7c 7c 0 0 d Net gain or (loss) 7c 0 0 0 8 a Gross income from fundraising events (not including \$58, 598.of contributions reported on line 1c). See Part IV, line 18 8a 6, 870.8 8a 6, 870.8 b Less: direct expenses 8a 6, 038. 0 0 0	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss) ▶ ■ ■ 7 a Gross amount from sales of assets other than inventory Image: Cost of other basis and sales expenses Image: Cost of ther basis and ther basis and ther basi	
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end assets other than inventory 7a 7a b Less: cost or other basis and sales expenses 7b 7b c Gain or (loss) 7c 7c d Net gain or (loss) 78 7c 8 a Gross income from fundraising events (not including \$58,598.of contributions reported on line 1c). See Part IV, line 18 8a 6,870. 8b 8a 6,870. 8b 8a 6,870. 8b 8a 6,870. 8b 8a 6,038.	
B Less: cost or other basis and sales expenses 7b	
and sales expenses 7b	
5 including \$58, 598. of contributions reported on line 1c). See Part IV, line 18 8a 6,870. b Less: direct expenses 8b 36,038.	
5 including \$58, 598. of contributions reported on line 1c). See Part IV, line 18 8a 6,870. b Less: direct expenses 8b 36,038.	
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Part IV, line 18 8a 6,870. b Less: direct expenses 8b 36,038.	
b Less: direct expenses 8b 36,038.	
c Net income or (loss) from fundraising events29,168.	-29,168.
9 a Gross income from gaming activities. See	
Part IV, line 19	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory	
Business Code	
Solution cool In a	
d All other revenue	
E Total. Add lines 11a-11d►	
	-28,883.
12 Total revenue. See instructions	-20,000

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Form 990 (2019) TCC GIV TCC GIVES, INC. TCC GIVES, INC.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respon Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	705,092.	705,092.		· ·
2 Grants and other assistance to domestic	,05,052.	105,052.		
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,284.	13,642.		13,642
8 Pension plan accruals and contributions (include				-
section 401(k) and 403(b) employer contributions)	328.	164.		164
9 Other employee benefits	36.	18.		18
0 Payroll taxes	2,176.	1,088.		1,088
1 Fees for services (nonemployees):				
a Management	1,500.		1,500.	
b Legal				
c Accounting	5,330.		5,330.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	783.		783.	
2 Advertising and promotion	199.	199.		
3 Office expenses	13,966.	10,519.	3,447.	
4 Information technology				
5 Royalties				
6 Occupancy				
7 Travel	11,556.	11,556.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials \dots				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization			1 - 2 2	
3 Insurance	1,500.		1,500.	
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a SERVICE FEES	6,272.	6,272.		
b MISCELLANEOUS	3,214.	3,024.	190.	
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	779,236.	751,574.	12,750.	14,912
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			343,099.	1	43,018.
	2	Savings and temporary cash investments			0.	2	270,285.
	3	Pledges and grants receivable, net	1,000.	3	21,210.		
	4	Accounts receivable, net		4	690.		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, se	ubstant	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
	6	Loans and other receivables from other disq	qualified	persons (as defined			
		under section 4958(f)(1)), and persons desci	ribed in	section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must			344,099.	16	335,203.
	17	Accounts payable and accrued expenses			19,549.	17	0.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Se	22	Loans and other payables to any current or	former of	officer, director,			
litio		trustee, key employee, creator or founder, se	ubstant	al contributor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons		22	
	23	Secured mortgages and notes payable to ur	nrelated	third parties		23	
	24	Unsecured notes and loans payable to unre	elated th	rd parties		24	
	25	Other liabilities (including federal income tax	k, payab	es to related third			
		parties, and other liabilities not included on I	lines 17	24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			19,549.	26	0.
6		Organizations that follow FASB ASC 958,	check	nere 🕨 📃			
ice		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions				27	
ΪB	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB AS	SC 958,	check here 🕨 🛛			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds		0.	29	0.
se	30	Paid-in or capital surplus, or land, building, c	or equip	ment fund	0.	30	0.
tAŝ	31	Retained earnings, endowment, accumulate	ed incon	ne, or other funds	324,550.	31	335,203.
Net	32	Total net assets or fund balances			324,550.	32	335,203.
	33	Total liabilities and net assets/fund balances			344,099.	33	335,203.
							Form 990 (2019)

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	990 (2019) TCC GIVES, INC.	81-426	7414	Pag	_{le} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				~	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	789		
2	Total expenses (must equal Part IX, column (A), line 25)	2	779		
3	Revenue less expenses. Subtract line 2 from line 1	3			53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	324	, 5	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		225		<u></u>
De	column (B))	10	335	, 20	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				Х
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
-					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
0.5	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0			х
Ŀ	Act and OMB Circular A-133?		3a		л
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		0		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u> </u>		0010

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	F7)
	330	U	330-	/

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
2019
Open to Public Inspection

Nam	e of t	he organization							identification number		
	41		GIVES, INC						1-4267414		
Pa		Reason for Public (-				S.			
The	organ	ization is not a private found		•							
1		A church, convention of ch					1)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	Ily receives a substa	antial part of its support f	rom a gov	ernmenta	l unit or from t	the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or		
		university:									
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment		
		income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 5	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	heck the box in		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.			
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving		
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.				-			
с] Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection	with its suppo	rted organi	zation(s)		
		that is not functionally int	egrated. The organized	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attenti	veness		
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v.				
е		Check this box if the orga						II, Type III			
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	<i>,</i> ,			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
g	Pro	vide the following information	-								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tota											
		aperwork Reduction Act N	lotice. see the Inst	ructions for Form 990 o	r 990-EZ.	932021 09	-25-19 Sche	dule A (For	m 990 or 990-FZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019 TCC GIVES, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		114,891.	810,610.	755,291.	818,772.	2,499,564.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ũ	furnished by a governmental unit to						
	the organization without charge						
4	Tetal Add lines 1 through 2		114,891.	810,610.	755,291.	818,772.	2,499,564.
5				010,0101	10072520	01077720	_,,
5	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)						2,183,182.
	Public support. Subtract line 5 from line 4.						316,382.
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	L	114,891.	810,610.	755,291.	818,772.	2,499,564.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					285.	285.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,499,849.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	, ,
	First five years. If the Form 990 is for		,				
	organization, check this box and stor	horo					► X
Sec	ction C. Computation of Publ		rcentage				······ •
	Public support percentage for 2019 (olumn (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2018. If the c						
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019	TCC	GIVES,	INC.
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
70	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) or	ganization,
	check this box and stop here					<u></u>	
Sec	ction C. Computation of Publ						
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2018. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 09-25-19		2000 01 110 14, 10	, or ros, oncorr			n 990 or 990-EZ) 2019
55202				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a				-
	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
	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		
2	-	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.5		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	C 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	25 09-25-19 Schedule A (Form 1 17	990 or 99	90-EZ	2019

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Schedule A (Form 990 or 990-EZ) 2019	TCC	GIVES,	INC
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

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	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	· 490 ·
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

13391026 757887 80817.000

Section D, lines 5, (See instructions.)				
				Form 990 or 990-EZ

Schedule B

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

Name of the organization

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

2019

Employer identification number

8	1	_	4	2	6	7	4	1	4	
~	-		-	~	~		-	-	-	

TCC	GIVES,	INC.
	01120/	

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

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

X 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, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **>** \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 2
Employer identification number

. .

TCC GIVES, INC.

81-4267414

Part I	t I 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)				
<u> </u>	Name, address, and ZIP + 4	- \$ 699,776.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		- \$\$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		- \$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
923452 11-06	- 19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)				

2019.04030 TCC GIVES, INC.

13391026 757887 80817.000

22

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

TCC GIVES, INC.

81-4267414

Part I	art I 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				
7		\$ <u></u> 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8		- \$\$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9		- \$\$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- \$\$	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 On 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.)				
923452 11-06	S-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)				

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23 2019.04030 TCC GIVES, INC.

13391026 757887 80817.000

Schedule B (Form 990, 990-EZ, or 990-PF) (20	19)
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Name of organization

Employer identification number

81 - 4267414

TCC GIVES, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-06-19	24	Schedule B (Form	990, 990-EZ, or 990-PF

Page 4

Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	rrough (e) and the following line en ritable, etc., contributions of \$1,000 or	ny For organizatio	ns
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif ZIP + 4		hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif ZIP + 4		hip 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 gif		
-	Transferee's name, address, and	ZIP + 4	Relations	hip 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 gif		
	Transferee's name, address, and	ZIP + 4	Relations	hip of transferor to transferee

SCHEDULE G	Suppleme	ental Information Regardi	ing Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" organization entered more than				or 19	, or if the	2019
Department of the Treasury		Attach to Form			-			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for in	nstructior	s and	the latest informat	ion.		Inspection
Name of the organization		'ES, INC.					Employer ide	ntification number 414
	complete this par	Complete if the organization an	swered "\	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization key employees list 	e organization rais itions email solicitations tations dicitations on have a written o red in Form 990, P d highest paid indiv	sed funds through any of the folk e Solid s f Solid g Spe or oral agreement with any individ Part VII) or entity in connection wi viduals or entities (fundraisers) pr	citation of citation of cial fundra dual (inclu th profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fund have c or cor contrib	ustody	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total								
3 List all states in wh or licensing.	ich the organizatic	on is registered or licensed to sol	icit contrik	oution	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Fo	rm 990 oı	990-	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

 Schedule G (Form 990 or 990-EZ) 2019
 TCC
 GIVES , INC .
 81-4267414
 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 e 1 and 6h List events

Jevenue			(a) Event #1 MORE THAN A	(b) Event #2 까파파 아파파 재지까머	(c) Other events	(d) Total events
			TAILGATE	TCC GIVES	NONE	(add col. (a) through
⊒∣			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	56,523.	8,945.		65,468
	2	Less: Contributions	53,163.	5,435.		58,598
\downarrow	3	Gross income (line 1 minus line 2)	3,360.	3,510.		6,870
	4	Cash prizes	0.	0.		
	5	Noncash prizes	0.	0.		
xheired	6	Rent/facility costs	0.	0.		
Ulrect Expenses	7	Food and beverages				
	9	Entertainment Other direct expenses	28,604.	7,434.		36,038
ŀ	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	36,038
		Net income summary. Subtract line 10 from I				-29,168
'ar	t II		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
┳		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
שמעמותם			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
	1	Gross revenue				
2	2	Cash prizes				
Š	3	Noncash prizes				
הוופרו באהפוואפא	4	Rent/facility costs				
	5	Other direct expenses				
╈		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	Νο	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	_					
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
	-					
		er the state(s) in which the organization condune organization licensed to conduct gaming a		ctotoo?		Yes No
		No," explain:				
•						
Ja	We	re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:				
-	2 09	-11-19			Schedule G (Fo	rm 990 or 990-EZ) 20 [.]

Sche	edule G (Form 990 or 990-EZ) 2019 TCC GIVES, INC.	81-4267414 Page
	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes N
13	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	13a
	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	JS.
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes 🔲 N
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization	unt
	of gaming revenue retained by the third party \$	
с	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
d		Yes N
ь.	retain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n ule
Da	organization's own exempt activities during the tax year s	and Dark III, Branco O. C. (C)
ra	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10k
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
3208	3 09-11-19 Schedule 28	G (Form 990 or 990-EZ) 20
01	.026 757887 80817.000 2019.04030 TCC GIVES, INC.	80817_1

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	-					
					Schedule G (Form 990 or	990-
)84 04-01-19					Schedule G (Form 990 or	990-
084 04-01-19			29		Schedule G (Form 990 or	990-
^{184 04-01-19} 1026 757887	00017 000	2019.0403	29 0 TCC GIVES	TNO	Schedule G (Form 990 or 8081	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, ar lete if the organizatio Go to www.ir	nd Individual	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization			-				Employer identification number
TCC GIVES	<u>.</u>						81-4267414
 Does the organization maintain records the criteria used to award the grants or assis Describe in Part IV the organization's pro- 	to substantiate th stance?				, ,		
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	ional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF SOUTH METRO, INC. 1513 EAST CLEVELAND AVENUE, SUITE 1 ATLANTA, GA 30344	58-1945615	501(3)	9,000.	0.			GENERAL OPERATIONS
ANCHOR HOUSE, INC 250 S. VINE ST., PO BOX 765 SEYMOUR, IN 47274	35-1803634	501(3)	6,400.	0.			GENERAL OPERATIONS
ATHENS AREA HOMELESS SHELTER 620 BARBER STREET ATHENS, GA 30601	58-1940081	501(3)	8,000.	0.			GENERAL OPERATIONS
BEST BUDDIES 8604 ALLISONVILLE ROAD, STE. 165 INDIANAPOLIS, IN 46250	52-1614576	501(3)	10,000.	0.			GENERAL OPERATIONS
BRAYBOY SAFETY AGAINST DOMESTIC VIOLENCE - P.O. BOX 286/613 N. GRANT STREET, STE. 1 - FORREST CITY , AR 72360	46-1277032	501(3)	11,100.	0.			GENERAL OPERATIONS
BREMEN RESERVE POLICE DEPARTMENT 123 S. CENTER ST. BREMEN, IN 46506		501(3)	10,000.	0.			GENERAL OPERATIONS
2 Enter total number of section 501(c)(3) a	•	•	ne line 1 table				<u> 61.</u> 0.
3 Enter total number of other organization: LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2019)

TCC GIVES, INC. Schedule I (Form 990)

(a) Name and address of		(c) IRC section	(d) Amount of	(a) Amount of	(f) Mothod of	(a) Departmention of	(b) Durpage of great
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING HEARTS IN ACTION, MN							
315 4TH STREET							
FARMINGTON, MN 55024	82-4150967	501(3)	10,000.	0.			GENERAL OPERATIONS
CASA OF THE ARKANSAS DELTA							
905 N. 7TH STREET	71 0774005	E01/2)	E 000	0			CENEDAL ODEDAMIONS
WEST MEMPHIS, AR 72301	71-0774925	501(3)	5,000.	0.			GENERAL OPERATIONS
CHILD ABUSE COUNCIL							
524 15TH STREET							
MOLINE, IL 61265	36-2937848	501(3)	5,000.	٥.			GENERAL OPERATIONS
CHILDREN'S THERAPY CENTER OF THE							
QUAD CITIES - 4450 48TH AVE. CT							
ROCK ISLAND, IL 61201	36-2207922	501(3)	5,000.	0.			GENERAL OPERATIONS
CLINTON COUNTY RELIEF FUND							
850 FRANKLIN ST.	25 1414505	501(2)	10.000				
CARLYLE, IL 62231	37-1414785	501(3)	10,000.	0.			GENERAL OPERATIONS
COBURN PLACE SAFEHAVEN II INC.							
604 E. 38TH STREET							
INDIANAPOLIS, IN 46205	37-1421922	501(3)	11,900.	٥.			GENERAL OPERATIONS
DAYSPRING CENTER FAMILY EMERGENCY			,				
CENTER - 1537 N. CENTRAL AVENUE,							
PO BOX 44105 - INDIANAPOLIS, IN							
46244 ,	35-1618998	501(3)	10,000.	0.			GENERAL OPERATIONS
			,				
DELMARVA ADULT & TEEN CHALLENGE							
611 3RD & NORTH STREET							
SEAFORD, DE, DE 19973	51-0342428	501(3)	10,000.	0.			GENERAL OPERATIONS
EDUCATE BEYOND ALL BARRIERS, INC.							
P.O. BOX 601	07.0001000	F01(2)	E 000				
INDIANAPOLIS, IN 46206-0601	27-2981882	PUT(3)	5,000.	0.			GENERAL OPERATIONS

TCC GIVES, INC. Schedule I (Form 990)

Bart II Continuation of Grants and Other		wornmonto and Orac	nizationa in the L	nited States (Cab	odulo I (Earm 000) Da	vet II.)	<u>) 1 120/111 P</u>
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	anizations in the U	nited States (Sche	equie i (Form 990), Pa	arin.)	l .
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESKENAZI HEALTH FOUNDATION							
720 ESKENAZI AVENUE							
INDIANAPOLIS, IN 46202	31-1132066	501(3)	10,000.	Ο.			GENERAL OPERATIONS
			,				
FAMILY SERVICE SOCIETY, INC.							
101 SOUTH WASHINGTON STREET							
MARION, IN 46952	35-0868083	501(3)	5,000.	0.			GENERAL OPERATIONS
FIVE STAR INDUSTRIES, INC. 1308 WELLS ST. RD.							
DUQUOIN, IL 62832	37-0996081	501(3)	9,988.	0.			GENERAL OPERATIONS
	3, 0330001	551(5)	5,500.				
FOSTERADOPT CONNECT							
18600 E 37TH TERRACE S							
INDEPENDENCE , MO 64057	43-1895965	501(3)	5,000.	0.			GENERAL OPERATIONS
HAPPY HOOVES EQUINE RESCUE							
7206 STATE ROUTE 140	45 2677409	E01(2)	10 000	0			CENEDAL ODEDARTONS
EDWARDSVILLE, IL 62025	45-3677498	501(3)	10,000.	0.			GENERAL OPERATIONS
HAVEN HOUSE							
PO BOX 1150							
MCDONOUGH, GA 30253	58-1851426	501(3)	5,000.	0.			GENERAL OPERATIONS
HOPE AND LIFE OUTREACH							
119 SOUTH BOULEVARD				_			
SALISBURY, MD 21804	26-1691517	501(3)	11,200.	0.			GENERAL OPERATIONS
HUMANE SOCIETY FOR HAMILTON COUNTY							
1721 PLEASANT STREET, SUITE B.							
NOBLESVILLE, IN 46060	35-1610723	501(3)	5,000.	0.			GENERAL OPERATIONS
ISAIAH'S PLACE							
P. O. BOX 220, 1100 WAYNE AVENUE							
TROY, OH 45373	01-0779327	501(3)	10,000.	٥.			GENERAL OPERATIONS

TCC GIVES, INC. Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Т

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING HOPE OUTREACH							
337 C AVE, PO BOX 956							
DRAIN, OR 97435	93-0762754	501(3)	5,000.	0.			GENERAL OPERATIONS
LONGLEAF OUTREACH & DEVELOPMENT,							
INC PO BOX 326 - PANAMA CITY,							
FL 32402	47-4532136	501(3)	10,000.	0.			GENERAL OPERATIONS
MAKE-A-WISH GREATER PENNSYLVANIA				-			
AND WEST VIRGINIA - THE GULF							
TOWER, 707 GRANT ST., FLOOR 37 -							
PITTSBURGH, PA 15219	25-1464177	501(3)	8,800.	0.			GENERAL OPERATIONS
NEW HOPE ANIMAL RESCUE CENTER							
526 ATKINSON ST.	26.2060004	F01/2)	10.000	0			
HENDERSON, KY 42420	26-3960884	501(3)	10,000.	0.			GENERAL OPERATIONS
PEACE RESTORED							
460 ST. CLAIR ST.							
MOORESVILLE, IN 46158	47-5299224	501(3)	5,000.	0.			GENERAL OPERATIONS
·							
PERRY COUNTY HUMANE SOCIETY							
8365 ILLINOIS 14							
DUQUOIN, IL 62832	37-1167028	501(3)	8,630.	0.			GENERAL OPERATIONS
PIBBLES AND MORE ANIMAL RESCUE							
92 PINE STREET							
BINGHAMTON, NY 13901	45-0707292	501(3)	11,000.	0.			GENERAL OPERATIONS
, ,			, ,				
PIT BULL PEN							
22206 KENNEDY ROAD							
BENTON CITY, WA 99320	47-4623721	501(3)	5,000.	0.			GENERAL OPERATIONS
PRIEST RIVER MINISTRIES-ADVOCATES							
FOR WOMEN - PO BOX 334 45 S.	51-0582172	501(3)	6 200	0.			GENERAL OPERATIONS
MCKINLEY - PRIEST RIVER, ID 83856	JT-030ZT/Z		6,200.	U.			SENERAL OPERATIONS

Schedule I (Form 990) TCC GIVES, INC.

Part II Continuation of Grants and Other	-	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOPE FOUNDATION							
PMB 358, SUITE 2100, 2131 WOODRUFF							
REENVILLE, SC 29607	58-2324540	501(3)	5,000.	0.			GENERAL OPERATIONS
PROJECT POOCH							
5800 BOONES FERRY ROAD, SUITE A2							
AKE OSWEGO, OR 97035	93-1252054	501(3)	10,000.	0.			GENERAL OPERATIONS
RIVERZEDGE ARTS							
96 2ND AVENUE							
WOONSOCKET, RI 02895	13-4206227	501(3)	10,000.	0.			GENERAL OPERATIONS
RONALD MCDONALD HOUSE CHARITIES OF							
CENTRAL IN - 435 LIMESTONE STREET							
INDIANAPOLIS, IN 46202	35-1497202	501(3)	5,000.	0.			GENERAL OPERATIONS
·							
SCHOOL ON WHEELS							
2605 E 62ND STREET, SUITE 2005				_			
NDIANAPOLIS, IN 46220	35-2151003	501(3)	10,000.	0.			GENERAL OPERATIONS
SETON YOUTH SHELTERS							
01 N. LYNHAVEN ROAD, SUITE 101							
VIRGINIA BEACH, VA 23452	54-1250485	501(3)	8,000.	0.			GENERAL OPERATIONS
HELBY COUNTY ANIMAL RESCUE OUNDATION (SCARF) - PO BOX 671 -							
SIDNEY, OH 45365	46-0600682	501(3)	10,000.	0.			GENERAL OPERATIONS
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				······································
LEEP IN HEAVENLY PEACE, REND LAKE							
REA CHAPTER - 804 EAST FRANKLIN							
VENUE - SESSER, IL 62884	46-4346568	501(3)	5,000.	0.			GENERAL OPERATIONS
SOUTH CAROLINA PRIDE MOVEMENT							
31 D SENATE STREET							
COLUMBIA, SC 29201	57-0904573	501(3)	5,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990) TCC GIVES, INC.

Part II Continuation of Grants and Other		overnments and Orac	nizations in the U	nited States (Seb	odulo I (Eorm 000) Dr		/I 420/414 P
Part II Continuation of Grants and Other		vernments and Orga			equie i (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH INSTITUTE OF THE DEAF							
9192 WALDEMAR ROAD							
INDIANAPOLIS, IN 46268	43-0653494	501(3)	5,000.	0.			GENERAL OPERATIONS
,,							
ST. LUKE'S HOME							
615 E ADAMS STREET							
TUCSON, AZ 85705	86-0098924	501(3)	5,000.	0.			GENERAL OPERATIONS
SUDBURY WOUNDED WARRIORS							
PO BOX 1166							
SUDBURY, MA 01776	45-2725191	501(3)	5,000.	0.			GENERAL OPERATIONS
TERRE HAUTE HUMANE SOCIETY							
1811 S. FRUITRIDGE AVENUE	25 0004606	E01(2)	10 000				CENEDAL ODEDAUTONS
TERRE HAUTE, IN 47803	35-0884686	501(3)	10,000.	0.			GENERAL OPERATIONS
THE EDUCATION PARTNERSHIP							
281 CORLISS ST.							
PITTSBURGH, PA 15220	90-0438744	501(3)	10,000.	0.			GENERAL OPERATIONS
,,							
THE OPEN LINK							
452 PENN STREET							
PENNSBURG, PA 18073	23-2003150	501(3)	8,000.	٥.			GENERAL OPERATIONS
THE SANCTUARY AT HAAFSVILLE							
901 NESTLE WAY							
BREINIGSVILLE, PA 18031	27-2756157	501(3)	8,000.	0.			GENERAL OPERATIONS
THIS ABLE VETERAN							
1714 S. WOLF CREEK ROAD	07 5100055	F01(2)					
CARBONDALE, IL 62902	27-5103356	501(3)	8,000.	0.			GENERAL OPERATIONS
UNITED TEAM SPORTS CENTER FOUNDATION - 375 COMMERCE							
BOULEVARD, SUITE B - ATHENS, GA							
30605	82-2931797	501(3)	5,000.	0.			GENERAL OPERATIONS
	02-2931191	Por(3)	5,000.	۰ ⁰			PENERAL OFERALIONS

TCC GIVES, INC.

	ES, INC.						81-4267414 Pag
Part II Continuation of Grants and Oth (a) Name and address of organization or government			(d) Amount of cash grant	nited States (Scho (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
NOMEN'S CRISIS SUPPORT TEAM							
60 NE F ST STE A #430							
RANTS PASS, OR 97526	93-0763734	501(3)	11,600.	0.			GENERAL OPERATIONS
CODA OF TERRE HAUTE							
470 S HOUSEMAN STREET							
PERRE HAUTE, IN 47802	31-1172856	501(3)	5,600.	٥.			GENERAL OPERATIONS
DASH							
PO BOX 91730	71 1010574	F01(2)	F (00				CENERAL ORDAWIONS
ASHINGTON, DC 20090	71-1019574	501(3)	5,600.	0.			GENERAL OPERATIONS
AMILY SUNSHINE CENTER							
58 COURT STREET							
IONTGOMERY, AL 36103	63-1209534	501(3)	5,600.	0.			GENERAL OPERATIONS
THE JULIAN CENTER							
525 MAIN STREET							
NDIANAPOLIS, IN 46016	35-1346514	501(3)	9,100.	0.			GENERAL OPERATIONS
LYDIA'S HOUSE							
601 WEBER RD							
T LOIUS, MO 63125	43-1699278	501(3)	7,000.	0.			GENERAL OPERATIONS
PREVAIL							
.100 SOUTH 9TH STREET							
OBLESVILLE, IN 46060	35-1681864	501(3)	5,600.	0.			GENERAL OPERATIONS
	55 1001004	501(3)	5,000.				
AFE PASSAGE							
25 EAST GEORGE ST PO BOX 235							
ATESVILLE, IN 47006	35-2056072	501(3)	7,000.	0.			GENERAL OPERATIONS
SHELTERING WINGS							
PO BOX 92							
	35-2077713	501(3)	7,000.	0.			GENERAL OPERATIONS
DANVILLE , IN 46122	55-201115		/,000.	· · ·			PENERAL OFERALLONS

TCC GIVES, INC.

organization or government if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other) non-cash grant NING POINT OF LEHIGH VALLEY E SUSQUEHANNA ST Image: Susquemanna stressing stren	Description of cash assistance	(h) Purpose of grant or assistance GENERAL OPERATIONS
ENING POINT OF LEHIGH VALLEY A E SUSQUEHANNA ST DENTOWN, PA 18103 23-2100651 501(3) 5,600. 0. 0. 0. 0. 0. 0. 0. 0. 0.		GENERAL OPERATIONS
LENTOWN, PA 18103 23-2100651 501(3) 5,600. 0.		GENERAL OPERATIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ne 2; Part III, column	n (b); and any other a	dditional information.	•
PART I, LINE 2:					
TO BE ELIGIBLE FOR A GRANT, A NON-	PROFIT M	UST BE LOC	CATED IN ON	E OF OUR TCC	
STORE COMMUNITIES AND MUST INCLUDE	E A TCC E	MPLOYEE SF	ONSOR. THE	NON-PROFIT	

MUST COMPLETE THE TCC GIVES GRANT APPLICATION FORM THAT IS AVAIALBLE ON THE

WEBSITE. THE APPLICATION GUIDES THE ORGANIZATION AND TCC EMPLOYEE THROUGH

THE APPLICATION PROCESS. THE GRANT APPLICATIONS ARE REVIEWED INTERNALLY

UPON SUBMISSION FOR COMPLETENESS AND TO ENSURE THE ORGANIZATION QUALIFIES

FOR THE GRANT BASED ON OUR GUIDELINES MENTIONED ABOVE PRIOR TO BEING

PRESENTED TO THE GRANTS COMMITTEE QUARTERLY WHO SELECT/VOTES ON WHICH

Schedule I (Form 990) TCC GIVES, INC.	81-4267414 _{Page}
Part IV Supplemental Information	
GRANTS WILL BE AWARDED FOR THE QUARTER. ONCE THE NON-PROFI	T RECEIVES A TCO
GIVES GRANT, THEY ARE REQUIRED TO FOLLOW UP WITH TCC GIVES	WITHIN 3 MONTH
TO GIVE AN UPDATE ON THE PROJECT'S STATUS AND PROVIDE PROO	F OF THE SPENDI
(Pholographs, WRITE-OPS, EIC).	
932291 04-01-19	Schedule I (Form S
39 391026 757887 80817.000 2019.04030 TCC GIVES, INC.	80817_1
$\frac{1}{2} \frac{1}{2} \frac{1}$	0001/

81-4267414 Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

EZ
OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

81-4267414

TCC GIVES, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TCC GIVES PROVIDES "COMMUNITY GRANTS" TO SUPPORT INDIVIDUAL PASSIONS

AROUND PEOPLE, ANIMALS, AND THE ENVIRONMENT IN THE COMMUNITIES THAT WE

TOUCH. "MORE THAN A PHONE" REACHES THOSE THAT NEED TO STAY CONNECTED,

PROVIDING SMARTPHONES AND WIRELESS DATA TO SURVIVORS OF DOMESTIC

VIOLENCE IN OUR COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

"MORE THAN A PHONE" REACHES THOSE THAT NEED TO STAY CONNECTED,

PROVIDING SMARTPHONES AND WIRELESS DATA TO SURVIVORS OF DOMESTIC

VIOLENCE IN OUR COMMUNITIES.

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

JULIE AND SCOTT MOOREHEAD ARE MARRIED, AND WITH THE EXCEPTION OF LIZA DITTOE, BRANDI CRAIG, JENNI WHITE, AND CONRAD EDWARDS, THE OTHER BOARD MEMBERS ARE EITHER CURRENT EMPLOYEES OF TCC OR WERE EMPLOYEES DURING THE TAX YEAR.

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

THE RETURN IS REVIEWED BY JULIE MOOREHEAD PRIOR TO FILING AND THEN

PRESENTED TO THE BOARD.

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

TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH

CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE

ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211 09-06-19
 10

13391026 757887 80817.000

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization TCC GIVES, INC.	Employer identification number 81-4267414
REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJEC	TS:
A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REA	SONABLE BASED ON
COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENG	TH BARGAINING.
B) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS	WITH MANAGEMENT
ORGANIZATIONS CONFORM TO THE CORPORATION'S WRITTEN POLICI	ES, ARE PROPERLY
RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR G	OODS AND SERVICES,
FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMEN	T, IMPERMISSIBLE
PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.	

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART V, LINE 1A

COMPENSATION ARRANGEMENT:

TCC GIVES, INC. IS AFFILIATED WITH THE CELLULAR CONNECTION, LLC (TCC),

A FOR PROFIT S CORPORATION. TCC EMPLOYS ALL WHO WORK FOR TCC GIVES.

BASED ON INFORMATION PROVIDED BY TCC GIVES, TCC ALLOCATES SALARY AND

BENEFIT COSTS TO TCC GIVES AND IS REGULARLY REIMBURSED FOR THOSE COSTS.

41 13391026 757887 80817.000 2019.04030 TCC GIVES, INC.

SCHEDULE (Form 990) Department of t Internal Revenue	he Treasury	ô, or 37.		Or	1B No. 1549 201 Den to P Inspecti	9 ublic				
Name of the	e organization TCC GIVES ,	-	990 for instructions and the late			Em	ployer identific 81-42674	ation n 14	umber	
Part I I	dentification of Disregarded Entities.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Total incon	(e) End-of-year	assets	Direct c	f) ontrolling tity	ontrolling	
	dentification of Related Tax-Exempt (2. Dout N/ line 24. h						
	organizations during the tax year.	Organizations. Complete il the organiza	ation answered res on Form 990	J, Part IV, iine 34, b	ecause it had one	or more	related tax-exe	mpi		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f) et controlling entity	conti	2) 512(b)(13) rolled ity? No	

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedule	mana partr	iging her?	Percenta ownersh
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	-											
	4											
	-											
	4											
	4											
	-											

(a)	(b) (c)		(d)	(e)	(f)	(g)	(h)	(i Sect	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b	b)(13) rolled
		country)						Yes	No
THE CELLULAR CONNECTION LLC									1
525 CONGRESSIONAL BLVD	VERIZON WIRELESS								1
CARMEL, IN 46032	RETAILER	IN	N/A	S CORP					X
									1
									1
									\square
	1								1
	1								1

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X			
b	Gift, grant, or capital contribution to related organization(s)	1b		X			
с	Gift, grant, or capital contribution from related organization(s)	1c	X				
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		X			
g	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1 i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X			
ο	Sharing of paid employees with related organization(s)	10	X				
р	Reimbursement paid to related organization(s) for expenses	1p		X			
	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r		X			
	Other transfer of cash or property from related organization(s)	1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CELLULAR CONNECTION	С	699,776.	FMV
(2) THE CELLULAR CONNECTION	0	29,823.	FMV
(3)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 TCC GIVES, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)) all s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	nal or f uging ner? NO	(k) Percentage ownership

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instructions. Ta TCC GIVES, INC. Ta			Taxpaye	Faxpayer identification number (TIN) $81-4267414$	
print						
File by the due date f filing your return. See	for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructio	^{ns.} City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARMEL, IN 46032					
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above) TIM SPRINGER		06	Form 8870			12
Telephone No. ▶ 317-819-7066 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ . • If this is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2019 or ▶ , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason:						
	this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions.	20, or 6069,	enter the tentative tax, less	3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your			_		
	sing EFTPS (Electronic Federal Tax Payment System). S			30	\$	0.
Caution instruct	n: If you are going to make an electronic funds withdraw ions.	val (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879	EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notic	e. see instru	uctions.		Form 88	68 (Rev. 1-2020)

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