

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TCC GIVES, INC.</b> <b>DBA MORE THAN A PHONE</b>		<b>D</b> Employer identification number <b>81-4267414</b>
	Doing business as		<b>E</b> Telephone number <b>844-822-7625</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,064,638.</b>
	<b>10300 KINCAID DRIVE SUITE 203</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>FISHERS, IN 46037</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>SCOTT MOOREHEAD</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>HTTPS://WWW.MORETHANAPHONE.ORG/</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2016</b>
			<b>M</b> State of legal domicile: <b>IN</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDING SURVIVORS OF DOMESTIC VIOLENCE WITH SMARTPHONES AND DATA SERVICE TO STAY CONNECTED.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 740,098.	<b>Current Year</b> 1,052,768.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-25,943.	-46,407.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	714,155.	1,006,361.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	551,495.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		36,454.	39,693.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		46,650.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,967.	91,065.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		620,916.	742,949.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	93,239.	263,412.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 861,014.	<b>End of Year</b> 1,132,126.
	<b>21</b> Total liabilities (Part X, line 26)	19,200.	26,900.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	841,814.	1,105,226.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>JULIE MOOREHEAD, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>CASSE TATE</b>	<b>CASSE TATE</b>	<b>11/14/24</b>	<input checked="" type="checkbox"/>	<b>P01271193</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>KSM BUSINESS SERVICES, INC</b> <b>PO BOX 40857</b> <b>INDIANAPOLIS, IN 46240</b>	<b>35-2123203</b>		<b>317.580.2000</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**AT MORE THAN A PHONE, WE BELIEVE EVERYONE DESERVES A RELIABLE AND SAFE SMARTPHONE, ESPECIALLY SURVIVORS OF DOMESTIC VIOLENCE. WE MEET THE NEED FOR CONNECTION WHILE EMPOWERING INDEPENDENCE THROUGH OUR DEVICES AND DATA. WE ALSO CULTIVATE COMMUNITY THROUGHOUT THE US, IN CITIES**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 630,932. including grants of \$ 612,191. ) (Revenue \$ )  
**MORE THAN A PHONE IS OUR PROGRAM THAT DONATES SMART PHONES AND DATA SERVICE TO SURVIVORS OF DOMESTIC VIOLENCE. OUR GOAL IS TO HELP THOSE IN NEED STAY CONNECTED; AS MOST OF US KNOW OUR WIRELESS DEVICES ARE NEARLY A NECESSITY. WHEN FACED WITH A TRAUMATIC LIFE EVENT, THE REASSURANCE OF BEING CONNECTED CAN HELP REDUCE SOME STRESS.**

**WE PARTNER WITH DOMESTIC VIOLENCE SHELTERS AND OTHER NONPROFITS THAT SUPPORT SURVIVORS. WE PROVIDE THEM WITH AN ANNUAL BOX THAT CONTAINS 40 PHONES, AND EACH PHONE IS ACTIVATED WHEN NEEDED WITH 4 MONTHS OF DATA SERVICE. THE PHONES ARE THEIRS TO KEEP FOREVER.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**DONATE A PHONE, TURN IN YOUR OLD DEVICE AT PARTICIPATING TCC AND WIRELESS ZONE STORES. THESE PHONES WILL BE PROPERLY RECYCLED, AND DONATIONS WILL SUPPORT THE PROGRAM THROUGH A 3RD PARTY DONATION.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**IN 2023 MORE THAN A STATISTIC 5 PART SHORT VIDEO SERIES WAS BREAKING THE CYCLE OF VIOLENCE WITH A FOCUS ON THE LGBTQ+ COMMUNITY. THE SERIES DISCUSSES TERMINOLOGY, STIGMAS, INTERPERSONAL VIOLENCE, AND ABUSE SO WE CAN WORK TOGETHER TO BECOME A MORE COMPASSIONATE AND INCLUSIVE COMMUNITY. THIS VIDEO SERIES IS FREE TO DOWNLOAD TO ANYONE ON OUR WEBSITE WITH A RESOURCE PAGE AND DISCUSSION QUESTIONS.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **630,932.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b>	X
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		1
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	10	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	7	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>7a</b>			X
<b>7b</b>			X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>8a</b>		X	
<b>8b</b>		X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12b</b>		X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15a</b>			X
<b>b</b>	Other officers or key employees of the organization		X
<b>15b</b>			X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IN, MI, NJ, OR
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KRISTI BEHLER - 844-822-7625**  
**10300 KINCAID DRIVE SUITE 203, FISHERS, IN 46037**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIMMY RAYFORD PRESIDENT	1.00	X		X				0.	0.	0.
(2) KATIE WILEY IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(3) TIMOTHY SPRINGER TREASURER	1.00	X		X				0.	0.	0.
(4) SAM RYAN SECRETARY	1.00	X		X				0.	0.	0.
(5) JULIE MOOREHEAD EXECUTIVE DIRECTOR	20.00			X				0.	0.	0.
(6) MEGAN CUSTUDIO STRATEGIC DIRECTION CHAIR	1.00	X						0.	0.	0.
(7) ALBERTA THOMAS PROGRAMMER	1.00	X						0.	0.	0.
(8) BRANDI CRAIG FUNDRAISING CHAIR	1.00	X						0.	0.	0.
(9) JIM AUSTIN FUNDRAISER	1.00	X						0.	0.	0.
(10) CARL ROBERTS MTAP CHAIR	1.00	X						0.	0.	0.
(11) MICHELLE STRONG FUNDRAISER	1.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	190,055.				
	<b>d</b> Related organizations .....	<b>1d</b>	300,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	562,713.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 262,760.				
	<b>h Total.</b> Add lines 1a-1f .....		1,052,768.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ 190,055. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		11,870.				
			58,277.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-46,407.			-46,407.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			1,006,361.	0.	0.	-46,407.	

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DBA MORE THAN A PHONE

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**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	612,191.	612,191.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	36,984.	1,046.	15,932.	20,006.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	2,709.	77.	1,167.	1,465.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	18,200.		18,200.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	33,393.		21,368.	12,025.
<b>12</b> Advertising and promotion	6,139.			6,139.
<b>13</b> Office expenses	24,818.	17,618.	7,200.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	7,015.			7,015.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	1,500.		1,500.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	742,949.	630,932.	65,367.	46,650.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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DBA MORE THAN A PHONE

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	804,265.	<b>1</b>	1,019,313.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	10,000.	<b>3</b>	8,000.
	<b>4</b> Accounts receivable, net .....	2,055.	<b>4</b>	29,763.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	44,694.	<b>8</b>	71,748.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	3,302.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	861,014.	<b>16</b>	1,132,126.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	19,200.	<b>17</b>	26,900.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	19,200.	<b>26</b>	26,900.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	841,814.	<b>27</b>	1,105,226.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	841,814.	<b>32</b>	1,105,226.
<b>33</b> Total liabilities and net assets/fund balances .....	861,014.	<b>33</b>	1,132,126.	

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**Part 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	1,006,361.
2	Total expenses (must equal Part IX, column (A), line 25)	2	742,949.
3	Revenue less expenses. Subtract line 2 from line 1	3	263,412.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	841,814.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,105,226.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	818,772.	470,395.	468,964.	740,098.	1052768.	3550997.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	818,772.	470,395.	468,964.	740,098.	1052768.	3550997.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2169170.
<b>6 Public support.</b> Subtract line 5 from line 4.						1381827.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	818,772.	470,395.	468,964.	740,098.	1052768.	3550997.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	285.	731.				1,016.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						3552013.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	38.90	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	29.31	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**TCC GIVES, INC.**  
**DBA MORE THAN A PHONE**

Employer identification number

**81-4267414**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization <b>TCC GIVES, INC.</b> <b>DBA MORE THAN A PHONE</b>	Employer identification number <b>81-4267414</b>
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**Part 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
1	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>31,465.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>229,941.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TCC GIVES, INC.</b> <b>DBA MORE THAN A PHONE</b>	<b>Employer identification number</b>  81-4267414
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**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
2	CHARGERS <hr/> <hr/> <hr/>	\$ 31,465.	
5	CELL PHONES <hr/> <hr/> <hr/>	\$ 229,941.	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	

Name of organization <b>TCC GIVES, INC.</b> <b>DBA MORE THAN A PHONE</b>	Employer identification number  <b>81-4267414</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **TCC GIVES, INC.**  
**DBA MORE THAN A PHONE** Employer identification number  
**81-4267414**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2023



**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,197,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	191,570.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		191,570.
3	Subtract line 2e from line 1	3		1,006,361.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,006,361.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	934,519.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	191,570.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		191,570.
3	Subtract line 2e from line 1	3		742,949.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		742,949.

**Part XIII Supplemental Information**

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022.

THE ORGANIZATION FILES U.S. FEDERAL INFORMATION RETURNS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY

**Part XIII** Supplemental Information *(continued)*

TAX AUTHORITIES FOR YEARS BEFORE 2020. MANAGEMENT BELIEVES THAT THE ORGANIZATION'S INCOME TAX FILING POSITIONS WILL BE SUSTAINED ON AUDIT AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WILL RESULT IN A MATERIAL CHANGE.

Multiple horizontal lines for supplemental information.



TCC GIVES, INC.  
DBA MORE THAN A PHONE

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MORE THAN A TAILGATE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	201,925.		201,925.
	2	Less: Contributions	190,055.		190,055.
	3	Gross income (line 1 minus line 2)	11,870.		11,870.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4,200.		4,200.
	7	Food and beverages	32,232.		32,232.
	8	Entertainment	6,905.		6,905.
	9	Other direct expenses	14,940.		14,940.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-46,407.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **TCC GIVES, INC.  
DBA MORE THAN A PHONE** Employer identification number **81-4267414**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
180 TURNING LIVES AROUND 1 BETHANY ROAD, SUITE 42, BLD. 3 HAZLET, NJ 07730	22-2130220	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
A NEW LEAF 868 E. UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
ALBION FELLOWS BACON CENTER PO BOX 3164 EVANSVILLE, IN 47731	31-1029051	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
ARTEMIS HOUSE-SHELTER HOUSE 10301 DEMOCRACY LANE, SUITE 200 FAIRFAX, VA 22030	52-1217106	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
BOSTON MEDICAL CENTER DOMESTIC VIOLENCE PROG. - DOMESTIC VIOLENCE PROGRAM, 771 ALBANY STREET - BOSTON, MA 02118	04-3314093	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
BRAYBOY 32 LEE ROAD 407 P.O. BOX 753 MARIANNA, AR 72360	46-1277032	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 72.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

TCC GIVES, INC.  
DBA MORE THAN A PHONE

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA SEDALIA C/O LORI HANEY 3785 TRAVIS DR. SEDALIA, MO 65301	43-1295568	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
CENTER FOR HOPE & SAFETY 605 CENTER STREET NE SALEM, OR 97301	51-0141214	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
CIA SIAB, INC. 1825 SUNSET LANE LA CROSSE, WI 54601	81-3606765	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
CLACKAMAS WOMEN'S SERVICES 256 WARNER MILNE RD. OREGON CITY, OR 97045	93-0900119	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
COBURN 604 E 38TH ST INDIANAPOLIS, IN 46205	37-1421922	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
CODA OF TERRE HAUTE 26 SOUTH 17TH STREET TERRE HAUTE, IN 47802	31-1172856	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
COMMUNITY ACTION PARTNERSHIP DOM. VIOLENCE SERVICES - 229 EAST ORANGE ST. - LANCASTER, PA 17602	23-1667311	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
COMMUNITY CRISIS SERVICES 4316 FARRAGUT STREET HYATTSVILLE, MD 20781	52-1634738	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
COMMUNITY HEALTH NETWORK CENTER OF HOPE - 1500 N. RITTER - INDIANAPOLIS, IN 46219	35-0983617	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DASACC 29C BROAD STREET WASHINGTON, NJ 07882	22-2357790	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
DASH PO BOX 91730 WASHINGTON, DC 20002	71-1019574	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
DOMESTIC VIOLENCE SERVICE CENTER 13 E. SOUTH STREET WILKES-BARRE, PA 18701	23-2070668	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
DVSH/PREVENTION - SHELTER HOUSE 10301 DEMOCRACY LANE, SUITE 200 FAIRFAX, VA 22030	52-1217106	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
EVERY WOMAN'S PLACE 1221 W LAKETON AVE. MUSKEGON, MI 49441	38-2072675	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
FAMILY JUSTICE CENTER OF ST. JOSEPH CO. - 533 N. NILES AVE., DOOR 1 - SOUTH BEND, IN 46617	02-0736475	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
FAMILY JUSTICE CENTER OF WASHINGTON COUNTY - 735 SW 158TH AVE., SUITE 100 - BEAVERTON, OR 97006	47-4687471	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
FAMILY SUPPORT SERVICES OF WEST CENTRAL IN - 605 CROWN ST. - GREENCASTLE, IN 46135	31-0985812	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEARLESS! HUDSON VALLEY, INC. 280 BROADWAY, 3RD FLOOR NEWBURGH, NY 12551	14-1679391	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
HARAMBE 416 SICKLERVILLE ROAD, 2ND FLOOR SICKLERVILLE, NJ 08081	36-4753370	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
HARBOR COV 148 SHAWMUT STREET CHELSEA, MA 02150	04-3458096	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
HARBOR HOUSE - IL 430 W. MERCHANT ST. KANKAKEE, IL 60901	36-3100202	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
HARBOR HOUSE OF CENTRAL FL 3600 CLARCONA ROAD APOPKA, FL 32703	59-1712936	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
HAVEN HOUSE 131 HENRY PARKWAY MCDONOUGH, GA 30253	58-1851426	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
HOPE & SAFETY ALLIANCE 1577 PEARL ST. EUGENE, OR 97401	93-0692905	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
HOUSE OF RUTH MARYLAND 2201 ARGONNE DRIVE BALTIMORE, MD 21218	52-1100236	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
JOURNEY CENTER FOR SAFETY & HEALING - 2806 PAYNE AVE. - CLEVELAND, OH 44114	34-1278377	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JULIAN CENTER 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1346514	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
MENTAL HEALTH AMERICA OF BOONE COUNTY - 3929 JEFFERSON HIGHWAY - JEFFERSON, LA 70121	35-1078402	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
NEW HOPE INC. MA 247 MAPLE STREET ATTLEBORO, MA 02703	04-2681340	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
NEW ORLEANS FAMILY JUSTICE CENTER 701 LOYOLA AVE. SUITE 201 NEW ORLEANS, LA 70150	26-2541029	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
PRIEST RIVER MINISTRIES 6501 HWY 2 PRIEST RIVER, ID 83856	51-0582172	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
PROJECT WOMAN - CHAMPAIGN CO. 525 E. HOME ROAD SPRINGFIELD, OH 45503	23-7391095	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
PROJECT WOMAN - CLARK CO. 525 E. HOME ROAD SPRINGFIELD, OH 45503	23-7391095	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
PROVIDENCE HOUSE - OCEAN CO. 595 RANOCAS ROAD WESTAMPTON, NJ 08060	21-0634494	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
PROVIDENCE HOUSE-BURLINGTON CO. 88 SCHOOL HOUSE ROAD WHITING, NJ 08759	21-0634494	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108	36-2464898	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SABLE HOUSE 314 SOUTHEAST OAK STREET DALLAS, OR 97338	93-1122800	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SAFE HARBOR - ANDERSON 224 S. PLEASANTBURG DR., SUITE A-7 GREENVILLE, SC 29607	57-1014137	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SAFE HARBOR - GREENVILLE 224 S. PLEASANTBURG DR., SUITE A-7 GREENVILLE, SC 29607	57-1014137	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SAFE HARBOR - OCONEE 224 S. PLEASANTBURG DR., SUITE A-7 GREENVILLE, SC 29607	57-1014137	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SAFE HAVEN MINISTRIES 2627 BIRCHCREST DR., SE GRAND RAPIDS, MI 49506	38-2947328	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SAFE PASSAGE 76 CARLONG DRIVE NORTHAMPTON, MA 01060	04-2690131	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SHELTERING WINGS 1251 SYCAMORE LN. DANVILLE, IN 46122	35-2077713	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SOJOURNER HOUSE 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

Schedule I (Form 990)

TCC GIVES, INC.  
DBA MORE THAN A PHONE

Schedule I (Form 990)

81-4267414

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPS TO END DOMESTIC VIOLENCE 66 COLLEGE PARKWAY COLCHESTER, VT 05446	03-0283657	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
SURVIVAL HOUSE 137 E. CULTON, PO BOX 394 WARRENSBURG, MO 64093	43-1141048	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
THE HAVEN OF NE AR 5009 CYPRESS BLYTHEVILLE, AR 72316	71-0820201	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
TIDES OF CHANGE 1902 2ND STREET TILLAMOOK, OR 97141	93-0823216	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
TURNING POINT - IN 729 WASHINGTON STREET COLUMBUS, IN 47201	31-0993447	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
TURNING POINT OF LEHIGH VALLEY 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	23-2100651	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
VERDE VALLEY SANCTUARY 401 N. 16TH STREET COTTONWOOD, AZ 86326	86-0100882	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
WEST WOMEN & CHILDREN'S 30 SW 2ND AVE. PORTLAND, OR 97204	94-1156347	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
WOMEN AWARE 250 LIVINGSTON AVE. NEW BRUNSWICK, NJ 08901	22-2374378	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

Schedule I (Form 990)

TCC GIVES, INC.  
DBA MORE THAN A PHONE

Schedule I (Form 990)

81-4267414

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S CENTER & SHELTER OF GREATER PITTSBURGH - PO BOX 9024 - PITTSBURGH, PA 15224	25-1264376	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
WOMEN'S CRISIS SUPPORT TEAM 612 NW 5TH STREET GRANTS PASS, OR 97526	93-0763734	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
YWCA DAYTON - MONTGOMERY CO. 141 W. THIRD STREET DAYTON, OH 45402	31-0537168	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
YWCA NE IN 5920 DECATUR ROAD FORT WAYNE, IN 46816	35-0868220	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
YWCA OF CENTRAL MA 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
YWCA OF NORTH CENTRAL IN 1102 SOUTH FELLOWS STREET SOUTH BEND, IN 46601	35-0868226	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
YWCA OF PORTLAND 2090 BERRY ST., SE SALEM, OR 97302	93-0386984	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
YWCA OF PREBLE CO. 204 NORTH BARRON ST., SUITE C EATON, OH 45320	31-0537168	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS
YWCA OF YORK 320 E. MARKET ST. YORK, PA 17403	23-1352600	501 C 3	0.	8,502.	FAIR MARKET VALUE	ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM	GENERAL OPERATIONS

Schedule I (Form 990)



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

**PART I, LINE 2:**

WE PARTNER WITH NONPROFIT ORGANIZATIONS AND PROVIDE THEM WITH A BOX OF 42 PHONES, 42 CHARGERS, 2 IPADS AND EACH PHONE WITH 4 MONTHS OF DATA SERVICE. THESE PHONES ARE ACTIVATED THROUGH A CALL CENTER AT TCC ANONOMOUSLY FOR THE SAFETY OF THE DOMESTIC VIOLENCE SURVIVOR. THE PHONES ARE THE SURVIVORS TO KEEP FOREVER. WE CONNECT THE NONPROFIT WITH A TCC STORE IN THEIR AREA THAT CAN HELP WITH ANY TECHNICAL ISSUES OR EDUCATION FOR PHONES. THE CALL CENTER AT TCC PROVIDES US WITH THE PHONES THAT ARE ACTIVATED, FROM THE BUSINESS SIDE (NO SURVIVORS NAMES ARE SHARED).

**Part IV** Supplemental Information

OUR GOAL IS TO KEEP A PARTNERSHIP WITH THE ORGANIZATION AS LONG AS THEY NEED IT, SO YEAR OVER YEAR WE WILL PROVIDE OUR PROGRAM TO THEM. MANY SHELTERS STAY IN CLOSE CONTACT WITH US AND SHARE TESTAMENT THAT THE PROGRAM IS NEEDED AND VALUED. OUR POINT OF CONTACT AT SHELTERS IS USUALLY SOMEONE WORKING DIRECTLY WITH THE CLIENTS (CASE MANAGERS).

WE DO CONFIRM THAT THE ORGANIZATION IS A NONPROFIT IN GOOD STANDING AND IS SUPPORTING SURVIVORS AND VICTIMS OF DOMESTIC VIOLENCE. THEY CAN USE THE PROGRAM AS THEY SEE FIT, WE DO NOT TELL THEM WHO SHOULD OR SHOULDN'T RECEIVE THE PHONES. WE CHECK IN AFTER A YEAR TO SEE IF THEY NEED A REFILL AND MONITOR THE ACTIVATIONS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: 180 TURNING LIVES AROUND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: A NEW LEAF

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ALBION FELLOWS BACON CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ARTEMIS HOUSE-SHELTER HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR

DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

BOSTON MEDICAL CENTER DOMESTIC VIOLENCE PROG.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: BRAYBOY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CASA SEDALIA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR HOPE & SAFETY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CIA SIAB, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CLACKAMAS WOMEN'S SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: COBURN

Part IV Supplemental Information

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: CODA OF TERRE HAUTE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP DOM. VIOLENCE SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CRISIS SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH NETWORK CENTER OF HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DASACC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DASH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DOMESTIC VIOLENCE SERVICE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: DVSH/PREVENTION - SHELTER HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETH FREEMAN CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: EVERY WOMAN'S PLACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY JUSTICE CENTER OF ST. JOSEPH CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY JUSTICE CENTER OF WASHINGTON COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

FAMILY SUPPORT SERVICES OF WEST CENTRAL IN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: FEARLESS! HUDSON VALLEY, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HARAMBE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR COV

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE - IL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOUSE OF CENTRAL FL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HAVEN HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HOPE & SAFETY ALLIANCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF RUTH MARYLAND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: JOURNEY CENTER FOR SAFETY & HEALING

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: JULIAN CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH AMERICA OF BOONE COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE INC. MA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: NEW ORLEANS FAMILY JUSTICE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PRIEST RIVER MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT WOMAN - CHAMPAIGN CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT WOMAN - CLARK CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE HOUSE - OCEAN CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: PROVIDENCE HOUSE-BURLINGTON CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: REMEDIES RENEWING LIVES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SABLE HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HARBOR - ANDERSON

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HARBOR - GREENVILLE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HARBOR - OCONEE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HAVEN MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SHELTERING WINGS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SOJOURNER HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: STEPS TO END DOMESTIC VIOLENCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVAL HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: THE HAVEN OF NE AR

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TIDES OF CHANGE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT - IN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT OF LEHIGH VALLEY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: VERDE VALLEY SANCTUARY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WEST WOMEN & CHILDREN'S

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN AWARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S CENTER & SHELTER OF GREATER PITTSBURG

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CRISIS SUPPORT TEAM

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA DAYTON - MONTGOMERY CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA NE IN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF CENTRAL MA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF NORTH CENTRAL IN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF PORTLAND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF PREBLE CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF YORK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA PALM BEACH COUNTY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA UNION CO.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: ONE KIT INCLUDES: 42 CELLULAR DEVICES, 40 SIM CARDS, 45 CHARGERS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **TCC GIVES, INC.  
DBA MORE THAN A PHONE** Employer identification number **81-4267414**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>CELL PHONES</u> )	X	3,495	229,941 . FMV	
26 Other ( <u>CELL PHONE ACCE</u> )	X	3,549	31,744 . FMV	
27 Other ( <u>IPADS</u> )	X	43	1,075 . FMV	
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	TCC GIVES, INC. DBA MORE THAN A PHONE	Employer identification number	81-4267414
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 WHERE TCC HAS A RETAIL FOOTPRINT, THROUGH VOLUNTEERISM AND VICTIM  
 ADVOCACY AS A WAY TO GIVE MORE THAN A PHONE.

FORM 990, PART VI, SECTION A, LINE 2:  
 KATIE WILEY, CARL ROBERTS AND ALBERTA THOMAS ARE EITHER CURRENT EMPLOYEES  
 OF TCC OR WERE EMPLOYEES DURING THE TAX YEAR. ALL OTHER BOARD MEMBERS WERE  
 NEITHER CURRENT EMPLOYEES OF TCC NOR 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 WITH REGARDS TO CONFLICTS OF INTEREST AND DOES NOT  
 ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC  
 REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM,  
 INCLUDE THE FOLLOWING SUBJECTS:

- A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE BASED ON  
 COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING.
- B) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT  
 ORGANIZATIONS CONFORM TO THE CORPORATION'S WRITTEN POLICIES, ARE PROPERLY  
 RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES,  
 FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE  
 PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

Name of the organization TCC GIVES, INC. DBA MORE THAN A PHONE	Employer identification number 81-4267414
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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 XII, LINE 2C.

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT FROM THE PRIOR YEAR WITHIN THE ORGANIZATION.

FORM 990, PART V, LINE 2A

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. TCC FILES ALL APPLICABLE PAYROLL FILINGS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **TCC GIVES, INC.  
DBA MORE THAN A PHONE** Employer identification number **81-4267414**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROUND ROOM GIVES - 84-4783133 10300 KINCAID DRIVE SUITE 203 FISHERS, IN 46037	SUPPORTING CHARITABLE CAUSES	INDIANA	501(C)(3)	PF	N/A		<b>X</b>

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

Schedule R (Form 990) 2023

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ROUND ROOM, LLC - 47-4671902 10300 KINCAID DRIVE SUITE 100 FISHERS, IN 46037	HOLDING COMPANY	IN	N/A	N/A				X	N/A		X	
THE CELLULAR CONNECTION, LLC - 35-1839821, 10300 KINCAID DRIVE SUITE 100, FISHERS, IN 46037	VERIZON WIRELESS RETAILER	IN	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ROUND ROOM HOLDINGS, INC. - 47-4670699 10300 KINCAID DRIVE SUITE 100 FISHERS, IN 46037	HOLDING COMPANY	IN	N/A	S CORP					X

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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	C	300,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.