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

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

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	d ending		
B c	heck if	e: C Name of organization		D Employer identifie	cation number
	Addre	THE HONOR FOUNDATION			
	Name			46-29528	73
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return		120	619-916-	6421
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	4,303,757.
	Amen	SAN DIEGO, CA JZIZI		H(a) Is this a group re	
		F Name and address of principal officer: FIAT TITLEW T. DIEVEN	5	for subordinates	? <b>Yes</b> X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1	) or 🛄 52	7 If "No," attach a	list. See instructions
		te: WWW.HONOR.ORG		H(c) Group exemption	
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea	r of formation: 2013	State of legal domicile: CA
Pa	art I				
e	1	Briefly describe the organization's mission or most significant activities: ASS	LSTS U	.S. SPECIAL	OPERATION
Governance		FORCES TRANSITION FROM ACTIVE DUTY MILIT			
ērn		Check this box 🕨 🛄 if the organization discontinued its operations or disp			
2 0 0		Number of voting members of the governing body (Part VI, line 1a)			19
જ		Number of independent voting members of the governing body (Part VI, line 1b)			17
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a) $\ldots$		27	
Activities &	6	Total number of volunteers (estimate if necessary)		6	1200
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		2,607,151. 55,000.	3,972,705. 45,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		250.	184.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		385,818.	70,412.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,048,219.	4,088,301.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	375,982.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,609,826.	1,712,139.
see		Professional fundraising fees (Part IX, column (A), line 11e)	/ <u> </u>	0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 415, 4	178.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		801,671.	1,153,765.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,411,497.	3,241,886.
		Revenue less expenses. Subtract line 18 from line 12		636,722.	846,415.
or			B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,377,213.	3,165,701.
Ass J Ba	21	Total liabilities (Part X, line 26)		114,139.	56,212.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		2,263,074.	3,109,489.
Pa	art II			· ·	· · · ·
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedu	les and stater	ments, and to the best of my	y knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	which prepare	er has any knowledge.	·

Sign	Signature of officer		Date							
Here	MATTHEW P. STEVENS, CE	0								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN						
Paid	RICHARD HOTZ		08/08/22 if self-employed							
Preparer	Firm's name 🕒 CONSIDINE & CONS	IDINE	Firm's EIN	95-2694444						
Use Only	Firm's address 8989 RIO SAN DIE	GO DRIVE, SUITE 250								
	9.231.1977									
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) THE HONOR FOUNDATION	46-2952873 Page <b>2</b>
Ра	rt 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: ASSISTS U.S. SPECIAL OPERATION FORCES TRANSITION F	
	MILITARY TO PRIVATE SECTOR CAREERS.	ROM ACTIVE DOTT
2	Did the organization undertake any significant program services during the year which were not listed	d on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$2,681,196. including grants of \$375,982	•) (Revenue \$ 45,000.
4a	(Code: ) (Expenses \$ 2,081,196. including grants of \$ 375,982 TRANSITION EDUCATION FOR FORMER SPECIAL OPERATIONS	TNTO PRIVATE SECTOR
	CAREERS.	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
40		
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 2,681,196.	
		Form <b>990</b> (2021
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Form 990 (2021)

Part IV Checklist of Required Schedules

THE HONOR FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	F		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
12a	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
		_	000	

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Form **990** (2021)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	~~~	
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
0.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Fai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 39		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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021)	THE	HONOR	FOUNDATION	
Statements I	Regard	ing Other	r IRS Filings and Tax Compliance (contin	ued)

Form 990 (2021)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.5			
	, , , ,	a 27		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		-		v
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•	4 -		х
<b>b</b>	financial account in a foreign country (such as a bank account, securities account, or other financial acc	;ount)?	4a		Δ
b	If "Yes," enter the name of the foreign country				
۶o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		00		
•••	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
-	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servic	es provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	·····	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7	d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	:?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	18899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a L			9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10	Da			
b		)b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders1	ta			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		lb			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	I	12a		
	· · · · · ·	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	• • • • • • • • • • • • • • • • • • • •	Bb			
		Bc			37
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule (		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat		45		х
	excess parachute payment(s) during the year?		15		л
16	If "Yes," see the instructions and file Form 4720, Schedule N.	come?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment ir If "Yes," complete Form 4720, Schedule O.		10		- 23
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	N .			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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HONO1512

Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Σ
Sec	tion A. Governing Body and Management				
				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	. 9		
	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.				
	Enter the number of voting members included on line 1a, above, who are independent		.7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with any other			
	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under the	the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	. 5		
6	Did the organization have members or stockholders?		. 6		
	Did the organization have members, stockholders, or other persons who had the power to elect or				
	more members of the governing body?		. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	·	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				T
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	x	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				t
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				
				Yes	Γ
02	Did the organization have local chapters, branches, or affiliates?		10a	103	t
			. 10a		┢
b	If "Yes," did the organization have written policies and procedures governing the activities of such		101		L
	and branches to ensure their operations are consistent with the organization's exempt purposes?			x	┝
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a		┝
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			v	ŀ
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			X	┞
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	on Schedule O how this was done		. <b>12c</b>	X	L
	Did the organization have a written whistleblower policy?			X	
4	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	val by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization			X	Γ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				T
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
	taxable entity during the year?		16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
	exempt status with respect to such arrangements?		16b		L
ec	tion C. Disclosure		. 100		
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA, AL, AK, AZ,	AR CO CT DE F		нт	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,				
18		and 990-1 (Section 501(c)		) avai	a
	for public inspection. Indicate how you made these available. Check all that apply.				
		in on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	contlict of interest policy,	and fina	ncial	
	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 b	oooks and records 🕨			
	CHERYL ELLIS - 619-916-6421				
	11055 ROSELLE STREET, 120, SAN DIEGO, CA 92121				
2006	SEE SCHEDULE O FOR FULL LIST OF STATES		Form	1 <b>990</b>	(2
	6				
90	808 757767 HONO15129398 2021.04010 THE HONOR FOUN	IDATION	HOI	NO1	5

Part VII	Compensation of Officers,	Directors, T	Frustees, Ke	y Employees,	Highest	Compensated
	Employees, and Independe	ent Contract	tors			

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

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

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

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

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

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

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

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

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

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

		l	11120			npei	loui			(E)
(A)	(B)			(C Posi		n		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of
	hours per week					is bot pr/trus		compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				b		organization	(W-2/1099-MISC/	from the
	related	tee or	istee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tri		oyee	duo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig em l	For			
(1) HARRY LEONHARDT	3.00									
CHAIRMAN		х		Х				0.	0.	0.
(2) J. SCOTT ADAMS	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(3) DAVE ALBERGA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MATT BIGGE	2.00									
BOARD MEMBER		X						0.	0.	0.
(5) MARC BROWN	2.00									
BOARD MEMBER		X						0.	0.	0.
(6) JOHN BURNHAM	1.00									
BOARD MEMBER		x						0.	0.	0.
(7) JUSTIN CONNOLLY	1.00									
BOARD MEMBER		x						0.	0.	0.
(8) HEIDI FEARON	2.00									
BOARD MEMBER		x						0.	0.	0.
(9) BRIAN FERGUSON	2.00									
BOARD MEMBER		x						0.	0.	0.
(10) DAVID JANKE	2.00									
BOARD MEMBER		x						0.	0.	0.
(11) JEROME KING	1.00									
BOARD MEMBER		x						0.	0.	0.
(12) JOE MUSSELMAN	2.00									
FOUNDER, BOARD MEMBER	4.00	x						0.	0.	0.
(13) MIKE NAGATA	2.00									
BOARD MEMBER		x						0.	0.	0.
(14) JEFF POTTINGER	2.00									
BOARD MEMBER		x						0.	0.	0.
(15) SAMANTHA RIST	1.00									
BOARD MEMBER		x						0.	0.	0.
(16) JONATHAN SKINNER	2.00	- <u>-</u>								
BOARD MEMBER		x						0.	0.	0.
(17) LARRY SOLOMON	2.00	<u> </u>								
CFO	1.00	x		x				0.	0.	0.
132007 12-09-21					1	-	I			Form <b>990</b> (2021)

132007 12-09-21

2021.04010 THE HONOR FOUNDATION

	990 (2021) THE HONC	R FOUND	AT:	101	N					46-2952	<u>2873</u>	Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, an	d Hi	ghe	st (	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	from	<b>(E)</b> Reportable compensation from related	an	<b>(F)</b> stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	ipensa rom th janizat d relat anizati	ie tion ted
(18) CEO	MATTHEW P. STEVENS	40.00	x		x				190,342.	0 .			0.
	DEAN LONGFIELD RETARY	2.00	-		x				0.	0 .			0.
	KELLY MCGRAW PRESIDENT OF IMPACT	40.00					x		155,974.	0.			0.
	LINDSAY P. CASHIN PRESIDENT OF PEOPLE	40.00					x		110,360.	0 .			0.
1b	Subtotal		]	<u> </u>	<u> </u>	<u> </u>	<u> </u>		456,676.	0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0. 456,676.	0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	סר no r	eceived more than \$100	0,000 of reportable			3
3	Did the organization list any <b>former</b> office	r, director, trust	ee, l	key e	emp	loye	e, oi	<sup>r</sup> hig	ghest compensated emp	bloyee on		Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for</i> For any individual listed on line 1a, is the s								her compensation from		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or										4	X	
0	rendered to the organization? If "Yes," con					-			-		5		X
1	tion B. Independent Contractors Complete this table for your five highest c										sation	from	
	the organization. Report compensation fo (A) Name and busines					vith	or w	ithi	n the organization's tax ( <b>B)</b> Description of s		<b>)</b>		
	Name and busines	saddress	N	ONI	5				Description of s	services	Compe		pri
2	Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li: )	steo	d above) who received n	nore than			

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Form **990** (2021)

			2021) THE HONOR FOUNDATION			46-2952	873 Page 9
Ра	rt \	VII					
			Check if Schedule O contains a response or note to any lin		(D)	(0)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
its	1	а	Federated campaigns 1a 111.				
àrar oun			Membership dues 1b				
Am 6			Fundraising events <b>1</b> c <b>490</b> , 639.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d 18,963.				
ns, Simi			Government grants (contributions) 1e 400, 318.				
er S		f	All other contributions, gifts, grants, and				
Oth			similar amounts not included above If 3,062,674.				
Son		-	Noncash contributions included in lines 1a-1f	3,972,705.			
0.0		<u>n</u>	Total. Add lines 1a-1f Business Code	5,572,705.			
ė	2	a	TEACHING AND CONSULTIN 611710	45,000.	45,000.		
e vic	-	b					
s Se		с					
ran eve		d					
Program Service Revenue		е					
Δ.		f	All other program service revenue	45 000			
			Total. Add lines 2a-2f	45,000.			
	3	5	Investment income (including dividends, interest, and other similar amounts)	184.			184.
	4	L	Income from investment of tax-exempt bond proceeds	2010			
	5		Royalties				
			(i) Real (ii) Personal				
	6	i a	Gross rents 6a				
		b	Less: rental expenses 6b				
			Rental income or (loss) 6c				
	_		Net rental income or (loss)         Gross amount from sales of         (i) Securities         (ii) Other				
		а	Gross amount from sales of assets other than inventory <b>7a</b>				
		h	Less: cost or other basis				
е		~	and sales expenses				
evenue		с	Gain or (loss) 7c				
. Re		d	Net gain or (loss)				
Other R	8	a	Gross income from fundraising events (not				
ð			including \$ 490 , 639 . of				
			contributions reported on line 1c). See Part IV, line 18				
		h	Part IV, line 18         8a 267,367.           Less: direct expenses         8b 215,456.				
			Net income or (loss) from fundraising events	51,911.			51,911.
	9		Gross income from gaming activities. See	- , -			
			Part IV, line 19 9a				
		b	Less: direct expenses 9b				
		С	Net income or (loss) from gaming activities				
	10	a	Gross sales of inventory, less returns				
			and allowances <b>10a 18,501.</b>				
				18,501.			18,501.
		C	Net income or (loss) from sales of inventory Business Code	10,001.			10,501.
e sno	11	а					
Miscellaneous Revenue		b					
cell ?eve		с					
Mis			All other revenue				
			Total. Add lines 11a-11d	1 000 201	45 000	0	70 500
1000	12		· · ·	4,088,301.	45,000.	0.	70,596. Form <b>990</b> (2021
13200	iy 12	2-09	-21	9			1 202 I

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

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 respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	375,982.	375,982.		
2	Grants and other assistance to domestic	-	-		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	190,342.	149,238.	6,403.	34,701
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 202 611	1 004 004		050 040
7	Other salaries and wages	1,383,611.	1,084,824.	46,544.	252,243
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	27,459.		27,459.	
9	Other employee benefits	110,727.	87,113.	3,833.	19,781
10 	Payroll taxes	110,727.	07,113.	5,055.	19,701
11	Fees for services (nonemployees):				
	Management	1,520.	370.	1,520.	_ 370
		67,352.	50,269.	8,175.	-370 8,908
		07,552.	50,205.	0,1/5.	0,500
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	6,438.	100.	6,338.	
12	Advertising and promotion	63,379.	51,610.	344.	11,425
13	Office expenses	4,143.	4,021.	173.	-51
.e 14	Information technology	39,288.	24,992.	9,593.	4,703
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,078.	85,897.		13,181
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	138,849.	137,456.	980.	413
23	Insurance	10,060.		10,060.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EVENT SPECIFIC	413,137.	413,137.		
b	FACILITIES AND EQUIPMEN	230,599.	188,225.	16,016.	26,358
c	BANK AND MERCHANT	27,824.	966.	4,832.	22,026
d	TAX AND LICENSES	11,054.		1,948.	9,106
е	All other expenses	41,044.	26,996.	994.	13,054
25	Total functional expenses. Add lines 1 through 24e	3,241,886.	2,681,196.	145,212.	415,478
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,684,067.	1	2,579,679.
	2	Savings and temporary cash investments	400,530.	2	400,714.		
	3	Pledges and grants receivable, net	95,075.	3	119,294.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			29,070.	9	36,392.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	712,165.			
	b	Less: accumulated depreciation	10b	682,543.	167,888.	10c	29,622.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	583.	14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			2,377,213.	16	3,165,701.
	17	Accounts payable and accrued expenses	114,139.	17	56,212.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
Se	22	Loans and other payables to any current or forn	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
iabi		controlled entity or family member of any of thes	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables <sup>-</sup>	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			114,139.	26	56,212.
s		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🛛			
Ce		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			2,028,074.	27	2,719,489. 390,000.
	28	Net assets with donor restrictions			235,000.	28	390,000.
		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌			
Ϋ́Ε		and complete lines 29 through 33.					
tsc	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
t A	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			2,263,074.	32	3,109,489.
-	33	Total liabilities and net assets/fund balances	2,377,213.	33	3,165,701.		

Form **990** (2021)

46-2952873 Page 11

Form 990 (2021)

Part X Balance Sheet

Part XI         Reconciliation of Net Assets           Check if Schedule O contains a response or note to any line in this Part XI		
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)		
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 241		
		15.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,263	3,0	74.
5 Net unrealized gains (losses) on investments 5		
6 Donated services and use of facilities		
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))	),4	89.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		X
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
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?    2a		X
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:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	Х	
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:		
Separate basis Consolidated basis Both consolidated and separate basis		
c 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?	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133? 3a		X
<b>b</b> 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	200	

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Nam	ne of t	the organization							identification number				
	THE HONOR FOUNDATION 46-2952873								6-29528/3				
Pa													
	organ	ization is not a private found	·	•	-	,							
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .											
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in				
		section 170(b)(1)(A)(vi). (C											
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or				
		university:											
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributic	ons, members	hip fees, a	nd gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the o	rganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See <b>section</b> &	509(a)(3). 🤇	Check the box on				
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.					
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting				
	_	organization. You must o	complete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving				
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,				
	_	its supported organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness				
	_	_ requirement (see instruct	,	•									
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) Is the orac	nization listed							
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No							
Tota													

Schedule	A (Form 990)	) 2021
Part II	Suppor	t Sc

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 F	°art III.)
--	------------

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ũ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities.		025)			12	
	First 5 years. If the Form 990 is for th	, ,	,	fourth or fifth toy			
13	organization, check this box and stop				-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (			column (f))		14	%
	Public support percentage from 2020						<u> </u>
	<b>33 1/3% support test - 2021.</b> If the						
100	stop here. The organization qualifies	-					
h	<b>33 1/3% support test - 2020.</b> If the o						
~	and stop here. The organization qua						
17-	10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances to	-				17a and line 15 is	
D	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
10	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a		a, 100, 17a, 0f 17	D, CHECK THIS DOX 2		(Eorm 990) 2021

Schedule A (Form 990) 2021

### 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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)						
-	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	(a) 2017	(0) 2018	(0) 2019	( <b>u</b> ) 2020	(e) 2021	(1) 101ai		
•	membership fees received. (Do not								
	include any "unusual grants.")	1,670,057.	2,611,933.	2,240,875.	2,221,333.	3,587,387.	12,331,585.		
~		1,070,037.	2,011,955.	2,240,075.	2,221,333.	5,507,507.	12,331,303.		
Z	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the	88,750.			55,000.	45,000.	188,750.		
~	organization's tax-exempt purpose	00,750.			55,000.	45,000.	100,750.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
_	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
•	the organization without charge	1,758,807.	2,611,933.	2 240 975	2 276 222	2 622 207	10 500 335		
	Total. Add lines 1 through 5	1,758,807.	2,011,933.	2,240,875.	2,276,333.	3,632,387.	12,520,335.		
78	Amounts included on lines 1, 2, and	30,200.	94,115.	189,975.	171,033.	156,860.	642,183.		
	3 received from disqualified persons	30,200.	94,113.	109,975.	I/I,055.	10,000.	042,103.		
L.	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the						0		
	amount on line 13 for the year	30,200.	94,115.	189,975.	171,033.	156 960	0.642,183.		
	Add lines 7a and 7b	30,200.	94,115.	109,975.	1/1,055.	100,000.			
	Public support. (Subtract line 7c from line 6.)						11,878,152.		
	ction B. Total Support	() 0047	(1) 0010	()0010	( 1) 0000	( ) 0001	(0 T ) )		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6 Gross income from interest,	1,758,807.	2,611,933.	2,240,875.	2,276,333.	3,632,387.	12,520,335.		
108	dividends, payments received on								
	securities loans, rents, royalties,			528.	250.	184.	962.		
	and income from similar sources			520.	230.	104.	902.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975			528.	250.	184.	962.		
	Add lines 10a and 10b Net income from unrelated business			520.	250.	104.	902.		
	activities not included on line 10b,								
	whether or not the business is								
40	regularly carried on Other income. Do not include gain								
12	or loss from the sale of capital	2,159.		3,392.			5,551.		
40	assets (Explain in Part VI.)	-	2 611 022	-	2 276 592	2 622 571			
	Total support. (Add lines 9, 10c, 11, and 12.)	1,760,966.	2,611,933.	2,244,795.	2,276,583.	3,632,571.	12,526,848.		
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, secona, thira,	fourth, or fifth tax	year as a section 5	ou I (c)(3) organizat	ion,		
50	check this box and stop here	ic Support Po	rcontago		<u></u>				
-	•			oolump (f))		15	94.82 %		
	Public support percentage for 2021 (I					15 16	<u>94.82</u> % 91.23 %		
<u>16</u> Sol	Public support percentage from 2020 ction D. Computation of Invest					10	JI 8 25 %		
	•			no 10. ookumn (fi)		17	.01 %		
17 18	Investment income percentage for 20 Investment income percentage from 2					17	.01 %		
				on line 14 and line			,,,		
198	<b>33 1/3% support tests - 2021.</b> If the	-					I / is not ► X		
	more than 33 1/3%, check this box a								
b	<b>33 1/3% support tests - 2020.</b> If the	•							
00	line 18 is not more than 33 1/3%, che								
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
1320	23 01-04-22			15		Schedule A	(rom 990) 2021		
				±J					

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2021

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Part IV	Suppor	ting (	Organizatior	۱S	(continued	1)
Schedule A	(Form 990)	2021	TH	C	HONOR	FOUNDATI

1

2

No

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

ON

	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

	and the montheast of the second s			
			Yes	Γ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Γ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		ſ
Sec	ction D. All Type III Supporting Organizations			

		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	structions

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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Schedule A (Form 990) 2021

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Schedule A	(Form 990)	2021 (	THE	HONOR	FOUNDA	ATTON	
Part V	Type III	Non	-Functionally	Integrate	d 509(a)(3	) Supporting	g Organizations

Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	let short-term capital gain	1		
<b>2</b> R	Recoveries of prior-year distributions	2		
<b>3</b> C	Other gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
<b>6</b> P	Portion of operating expenses paid or incurred for production or			
с	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
<b>7</b> C	Other expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> A	ggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	<b>1</b> a		
bΑ	verage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
dΤ	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other factors			
(6	explain in detail in <b>Part VI</b> ):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d.	3		
<b>4</b> C	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
S	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> N	Aultiply line 5 by 0.035.	6		
<b>7</b> R	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
~	mergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

132027 01-04-22

	Form 990) 2021	•	NOR FOUNDA			10. Dort II live 17	46-2952873 Pa
	Part IV, Section line 1; Part IV, S	s 5, 6, and 8; and Part V,	, 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lir	;, 11a, 11b, ies 1c, 2a, 2	and 11c; Pa 2b, 3a, and 3	rt IV, Section B, lines 1 3b; Part V, line 1; Part V	and 2; Part IV, Section C, /, Section B, line 1e; Part V
	ISEE INSTRUCTION						
2028 01-04-2	2						Schedule A (Form 990)
	757767	HONO15129398	2021 0401	20 0 mutr	HONOR	FOUNDATION	HONO15

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

# **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Employer identification number

46-2952873

THE	HONOR	FOUNDATION

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

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

#### General Rule

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

#### Special Rules

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

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

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

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

Name of organization

Employer identification number

46-2952873

#### THE HONOR FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$20,181.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,006.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

46-2952873

#### THE HONOR FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 8 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 10,599. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Name of organization

(a) No.

13

(a) No.

14

(a)

No.

15

(a)

No.

16

(a)

No.

17

(a)

No.

18

Employer identification number

(d)

Type of contribution

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

X

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NOR FOUNDATION		46-2952873
Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
	\$5,0	00. (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
	\$5,0	Person X Payroll

Schedule B (Form 990) (2021)

10,000.

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

\$

\$

5,000.

5,000.

10,000.

(b)

Name, address, and ZIP + 4

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X

24

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#### THE HONOR FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 X Person Payroll 43,900. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Х Person Payroll 400,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Name of organization

Part I

(a) No.

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(a) No.

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#### THE HONOR FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person X Payroll Noncash

		\$ <u>15,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$29,874.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Name of organization

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
120402 11-11	27		Schedule D (FUIII 990) (2021)

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 37 X Person Payroll 10,420. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 38 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 41 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person Pavroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 28

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#### THE HONOR FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turce of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>44</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$ <u>10,363.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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#### THE HONOR FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 50 X Person Payroll 17,501. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 52 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 53 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 54 X Person Pavroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$18,963.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$10,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$15,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.) Schedule B (Form 990) (2021)

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#### THE HONOR FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 62 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 63 X Person Payroll 15,493. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 64 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 65 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 66 X Person Pavroll 13,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 68 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 69 X Person Payroll 5,210. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 70 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 71 X Person Payroll 35,500. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 72 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 33

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 74 X Person Payroll 5,181. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 75 X Person Payroll 14,715. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 76 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 77 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 78 X Person Pavroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 34

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$ <u>19,990.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$699,996.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (202

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 85 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 86 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 87 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 88 Х Person Payroll 5,181. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 89 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 90 X Person Pavroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 36

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THE H	ONOR FOUNDATION		46-2952873
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$15,00	D0.       Person       X         Payroll       Payroll       Payroll         Noncash       OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
92		\$5,0	D0.       Person       X         Payroll       Payroll       Payroll         Noncash       OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
93		\$25,0	D0.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
94		\$5,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
95			D

95		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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THE H	ONOR FOUNDATION		46-2952873
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	
97		\$10,0	Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
98		\$5,1	L81. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
99			Person X Payroll

		\$10,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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### THE HONOR FOUNDATION

46-2952873 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll

		\$5,210.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>104</u>		\$9,919.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>105</u>		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>107</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108			Person X

Noncash (Complete Part II for noncash contributions.)

Payroll

5,181.

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#### THE HONOR FOUNDATION

46-2952873 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 5,000. Noncash \$ (Complete Part II for

noncash contributions.) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll

		\$ 40,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	<u>4</u> 0		Schedule B (Form 990) (2021)

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

Name of organization

.

-

Part I (a) No.

115

(a) No.

116

Employer identification number

#### THE HON T

NOR FOUNDATION		46-2952873		
contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution		
	\$5,0	00. (Complete Part II for noncash contributions.)		
(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution		
	\$5,0	Person X Payroll		

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021)

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THE HONOR FOUNDATION

Name of organization

Employer identification number

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 121 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 122 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 123 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 124 Х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 125 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 126 X Person Pavroll 391,024. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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2021.04010 THE HONOR FOUNDATION 12590808 757767 HONO15129398

Schedule	В	(Form	990)	(2021)	)
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Name of organization

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### Employer identification number

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# THE HONOR FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-11-21	4		Schedule B (Form 990) (

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

THE HONOR FOUNDATION       46-295         Part III       Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more the 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.) ▶ \$	han \$1,000 for the yea
Part III       Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more the 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) ▶ \$	han \$1,000 for the yea
(a) No. from Part I       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift	
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how	
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how	sferee
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how	sferee
from (b) Purpose of aift (c) Use of aift (d) Description of how	
from (b) Purpose of gift (c) Use of gift (d) Description of how	
	gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4 Relationship of transferor to trans	sferee
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how part I	gift is held
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4     Relationship of transferor to trans	sferee
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how	
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift	gift is held
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to trans	sferee
123454 11-11-21 Schedu 44	

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

HONO1512

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

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

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



nployer	ide	ntifi	cati	on ı	numbei	r
	-					

Name	of the organization THE HONOR FOUNDATIO	ON	Emp	loyer identification number $46-2952873$
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			·
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year		. ,	
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value of grants non (during year)			
	Did the organization inform all donors and donor advisors in v	writing that the apparts hold in denor advis	ad funda	
5		0		Yes No
6	are the organization's property, subject to the organization's			
	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		•	
Par		anization answered "Ves" on Form 990 F		
	Purpose(s) of conservation easements held by the organization		art iv, into 7.	
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a historically	important land area
	Protection of natural habitat	Preservation of Preservation of	-	•
	Preservation of open space		a certineu nis	
2	Complete lines 2a through 2d if the organization held a qualif	ind concernation contribution in the form	of a concorre	tion accoment on the last
2	day of the tax year.			Held at the End of the Tax Year
~			2a	
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements included in (c) acquired a			
d			2d	
2	listed in the National Register			during the tax
	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	i duning the tax
	year	amont is located		
	Number of states where property subject to conservation eas			
	Does the organization have a written policy regarding the per			Yes No
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation eas	ements during the year
7	An and a farmer and a second in manifesting in a section based			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easemer	its during the year
~		a action the way increases of a action 170	(L)(4)(D)(i)	
	Does each conservation easement reported on line 2(d) abov	, , , , , , , , , , , , , , , , , , ,		Yes No
~	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9				
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's infancial stateme	ents that des	chbes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Simil	ar Assets
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		nd halance s	heet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finar			public
	If the organization elected, as permitted under FASB ASC 95			t works of
5	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in fult	lerance of pu	
				\$
	(i) Revenue included on Form 990, Part VIII, line 1		•	Þ 5
		acuras, or other similar aposts for financial		
	If the organization received or held works of art, historical treat the following amounts required to be reported under FASP A		i gain, provid	e
	the following amounts required to be reported under FASB A			1
	Revenue included on Form 990, Part VIII, line 1			-
α	Assets included in Form 990, Part X		🕨 🤅	P

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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		OR FOUNDAT		<u> </u>		<u></u>		46-29			age <b>2</b>
Par	t III Organizations Maintaining C								tS(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checł	any of the	following that m	nake sigi	nificant	use of its			
_	collection items (check all that apply):		. — .		hanga program						
a h		C C			hange program						
b	Scholarly research	e									
C A	Preservation for future generations								. VIII		
4	Provide a description of the organization's c							ose in Pan	XIII.		
5	During the year, did the organization solicit of		,		,				<b>1 x</b>		7
Dar	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
1 01	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ii trie	organizatio	nanswered re	SONFO	om 990	, Part IV,	line 9, 0		
12			diary for	contribution	s or other asset	ts not in	cluded				
Ĩ	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No										
b	If "Yes," explain the arrangement in Part XIII							······			1110
~			, ionig c						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanatic	on has been	provided on Pa	irt XIII					]
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo							
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years b	ack (d	<b>)</b> Three y	ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administered	d for the	organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		·
	Describe in Part XIII the intended uses of the		owment f	funds.							
Fai	<b>t VI</b> Land, Buildings, and Equipn			/ line 11e (		ort V lin	10				
	Complete if the organization answere							-	(-1) D		
	Description of property	(a) Cost or c basis (investr			or other (other)	(c) Accu depre	umulate	ea	( <b>d)</b> Boo	k valu	Э
1a	Land			24010	(==,	20010					
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			71	2,165.	68	32,5	43.	2	9,6	22.
	Add lines 1a through 1e. (Column (d) must e		X, colun							9,6	
			,	. //	,						

Schedule D (Form 990) 2021

132052 10-28-21

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Part VII Investments - Other Securities.	on Form 990, Port IV, line	11b See Form 000 Dart V line 12							
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-vear market value						
	(b) BOOK Value								
<ul><li>(1) Financial derivatives</li><li>(2) Closely held equity interests</li></ul>									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)									
Part VIII Investments - Program Related.									
Complete if the organization answered "Yes"			<u> </u>						
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	or-year market value						
<u>(1)</u>									
(2)									
<u>(3)</u>									
<u>(4)</u>									
<u>(5)</u> (6)									
(7)									
(8)									
(9)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)									
Part IX Other Assets.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.									
(a)	Description		(b) Book value						
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
<u>(7)</u>									
<u>(8)</u> (9)									
Total. (Column (b) must equal Form 990, Part X, col. (B) line	≏ 15 )								
Part X Other Liabilities.									
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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)									
Total. (Column (b) must equal Form 990, Part X, col. (B) line		· · · · · · · · · · · · · · · · · · ·							
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements the	at 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...

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 THE HONOR FOUNDATION		46-2952873 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_ 2a	
b	Donated services and use of facilities	_ 2b	
с	Recoveries of prior year grants	_ 2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		penses 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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2b	
с	Other losses	. 2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )		
Pa	t 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:

MANZ	AGEME	ENT	HAS	CONS	SIDEF	RED	ITS	TAX	POS	ITION	AND	BE	LIEVE	S TH	AT A	LL OF	THE	
POSI	TION	is 1	<b>LAKEI</b>	J IN	ITS	EXI	EMPT	ORGA	ANIZZ	ATION	ТАХ	RE	TURNS	ARE	MOR	E LIK	ELY	
THAN	NOT	. тс	) BE	SUST	TAINI	ED T	JPON	EXAN	MINA'	FION.	AC	COR	DINGL	Y, T	HE O	RGANI	ZATIO	1
HAS	NOT	ACC	CRUEI	) IN	<b>FERES</b>	ST (	DR PI	ENALT	TIES	RELA	ГED	то	UNCER	TAIN	TAX	POSI	TIONS	

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Schedule D (Form 990) 2021

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

SCHEDULE G										
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	, or if the	2021		
Department of the Treasury Internal Revenue Service	<ul> <li>▶ Attach to Form 990 or Form 990-EZ.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>									
Name of the organizatio	Employer ide	entification number								
	ing Activities	OR FOUNDATION Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1				
<ol> <li>Indicate whether the a Mail solicitation</li> <li>Mail solicitation</li> <li>Internet and c Phone solicitation</li> <li>In-person solicitation</li> <li>In-person solicitation</li> <li>Key employees list</li> </ol>	tions email solicitations tations blicitations on have a written o ted in Form 990, P	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of fundra l (inclue profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Yes			
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	uant to	agree	ements under which	the fu	undraiser is to l	De		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total										
		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from r	egistration		
		ion one the lockweating of a P	000 -	000	-7		Oak - + 1	0 (Form 000) 0001		
	eduction ACT NOT	ice, see the Instructions for Form	ອອບ or	390-I	<b>-L</b> .		Schedule	e G (Form 990) 2021		

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.

		of fundraising event contributions and gr		J-EZ, III I I I I I I I I I I I I I I I I I	•	ols greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HOUSTON	AUSTIN		(add col. (a) through
			DINNER	DINNER	6	col. (c)
ø			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	281,163.	245,586.	231,257.	758,006.
	2	Less: Contributions	179,820.	79,871.	230,948.	490,639.
	3	Gross income (line 1 minus line 2)	101,343.	165,715.	309.	267,367.
	4	Cash prizes				
6	5	Noncash prizes	557.			557.
pense	6	Rent/facility costs		57,200.		57,200.
<b>Direct Expenses</b>	7	Food and beverages	51,464.	21,465.	37,968.	110,897.
Ō	8	Entertainment	1,030.	475.	600.	
	9	Other direct expenses	11 100	13,971.	19,623.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	215,456.
		Net income summary. Subtract line 10 from li	/ //		,	51,911.
Pa	rt I	<b>0</b>	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
leve						
ш.	1	Gross revenue				

es	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
rect E	4	Rent/facility costs							
ā	5	Other direct expenses							
	5		Yes %	Yes %	Yes %				
	6	Volunteer labor	□ 103 /0 □ 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	<b>9</b> Enter the state(s) in which the organization conducts gaming activities:								
а	a Is the organization licensed to conduct gaming activities in each of these states?								
	b If "No." explain:								

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Schedule G (Form 990) 2021

11       Does the organization conduct parming activities with nonmentors?       Yes       No         12       Is the organization a grant-to-molecular of used or a number of a partnership or other entity formed to attrinister charitable gaming?       Yes       No         13       Inclusion the presentage of gaming activity conducted in:       Image: state organization facility	Schedule G (Form 990) 2021	THE HONOR	FOUNDATION	46-29528	73 Page 3
to administer charitable gaming?       Yes       No         3 Indicate the presentage of gaming activity conducted in:       13.3       3%         4 Decide the representage of gaming activity conducted in:       13.3       3%         14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:       Name         Address >	11 Does the organization condu	uct gaming activities with		Ye	s No
13       Indicate the percentage of gaming activity conducted in:       13a       13a       15a       15a </td <td></td> <td></td> <td></td> <td></td> <td></td>					
a The organization's facility	to administer charitable gam	ing?		Ye	s 🛄 No
b An outside facility				1 1	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:         Name ▶         Address ▶         15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       Image: Image					
Name					%
Address	<b>14</b> Enter the name and address	of the person who prepa	res the organization's gaming/special events books and re	cords:	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       └ Yes, ' moter the amount of gaming revenue reaceled by the third party > \$         b if 'Yes,' enter mame and address of the third party:       Name ▶	Name				
b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:          Name ▶	Address ►				
of gaming revonue retained by the third party ► \$	<b>15a</b> Does the organization have a	a contract with a third par	ty from whom the organization receives gaming revenue?	Ye	es 🗌 No
of gaming revonue retained by the third party ► \$	<b>b</b> If "Yes " enter the amount of	f gaming revenue received	by the organization $\blacktriangleright$ \$ and the a	amount	
c II "Ves," enter name and address of the third party: Name ▶				inount	
Name					
Address ▶	·				
Address ▶	Name 🕨				
16 Gaming manager information:         Name ▶					
Name	Address				
Gaming manager compensation Gaming manager compensation Gaming manager compensation Second Services provided Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	16 Gaming manager information	ו:			
Description of services provided ▶	Name 🕨				
□ Director/officer       □ Employee       □ Independent contractor         17. Mandatory distributions:       a Sthe organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       □ Sthet the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         10       IV       Supplemental Information         10       IV       Supplemental information         10       IV       Supplemental information         10       Supplemental information       Provide any additional information. See instructions.         11       Supplemental information       Provide any additional information. See instructions.         12       Supplemental information       Provide any additional information. See instructions.	Gaming manager compensa	tion 🕨 \$			
□ Director/officer       □ Employee       □ Independent contractor         17. Mandatory distributions:       a Sthe organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       □ Sthet the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         10       IV       Supplemental Information         10       IV       Supplemental information         10       IV       Supplemental information         10       Supplemental information       Provide any additional information. See instructions.         11       Supplemental information       Provide any additional information. See instructions.         12       Supplemental information       Provide any additional information. See instructions.					
17 Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         132082 10:21:21       Schedule G (Form 990) 2021	Description of services provi	ded 🕨			
17 Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         132082 10:21:21       Schedule G (Form 990) 2021					
17 Mandatory distributions:         a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$         Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         132082 10:21:21       Schedule G (Form 990) 2021					
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Director/officer	Employee	Independent contractor		
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	<b>17</b> Mandatory distributions:				
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15b, 15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15c, 16, and 17b, as applicable. Also provide any additional information are instructions.  15c, 16c, 16c, 16c, 16c, 16c, 16c, 16c, 16	•		haritable distributions from the gaming proceeds to		
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	0 0				s ∟ No
Part IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.         15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				ent in the	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					0 0h 10h
132083 10-21-21 Schedule G (Form 990) 2021				(v), and Fart III, lines	5 9, 90, 100,
	100, 100, 10, and 17				
	132083 10-21-21			Schedule G (Fo	rm 990) 2021
			51		

12590808 757767 HONO15129398 2021.04010 THE HONOR FOUNDATION

132084 11-18-21	52	
		Schedule G (Form 990)

SCHEDUL (Form 990)		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.												
Department of Internal Revenu			Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection						
Name of th	e organization THE HONOR	FOUNDATI	ON					Employer identification number $46-2952873$						
Part I	General Information on Grants a	and Assistance												
criter	the organization maintain records ia used to award the grants or assi ribe in Part IV the organization's pr	stance?												
Part II	Grants and Other Assistance to recipient that received more than	-				anization answered "Y	′es" on Form 990, Par	IV, line 21, for any						
<b>1 (a)</b> N	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						
11055 RO	R LIFE FOUNDATION SELLE STREET 0, CA 92121	85-2239259	501(C)(3)	375,982.	0.			TO SUPPORT THE FOUNDATION'S MISSION.						
_														
3 Enter	r total number of section 501(c)(3) a r total number of other organization	s listed in the line	1 table	ne line 1 table										
LHA For	Paperwork Reduction Act Notice	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) 2021						

Page 2

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

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

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

SCI	HEDULE J	Compensation Information	I	OMB No.	545-00	47	
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21		
		Compensated Employees		ZU		ł	
Depar	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio		Employer id			mber	
_		THE HONOR FOUNDATION	46-2	95287	3		
Pa	rt I   Question	s Regarding Compensation					
					Yes	No	
		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	r v v					
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41-			
		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
2	Indicate which if a	are of the following the experimation used to establish the companyation of the experimation	'e				
		ny, of the following the organization used to establish the compensation of the organization ector. Check all that apply. Do not check any boxes for methods used by a related organiza					
establish compensation of the CEO/Executive Director, but explain in Part III.							
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee							
			Johnmillee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
	•	e payment or change-of-control payment?		4a		x	
		eive payment from a supplemental nonqualified retirement plan?				X	
		eive payment from an equity-based compensation arrangement?				X	
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	,						
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
		ation?				Х	
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion				
	contingent on the r	net earnings of:					
а	a The organization?						
		ation?				X	
		or 6b, describe in Part III.					
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	ïS				
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forr	n 990)	) 2021	

### 46-2952873

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

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

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

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW P. STEVENS	(i)	190,342.	0.	0.	0.	0.	190,342.	0.
CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) KELLY MCGRAW	(i)	155,974.	0.	0.	0.	0.		0.
VICE PRESIDENT OF IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Open to Public** Inspection Employer identification number

46-2952873

OMB No. 1545-0047

THE HONOR FOUNDATION

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

CAREERS.

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

FORM 990 IS REVIEWED BEFORE IT IS FILED.

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

BOARD SENDS THE CONFLICT FORM TO EACH BOARD MEMBER AND MONITORS ITS

COMPLETION.

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

BOARD VOTES ON COMPENSATION AMOUNTS FOR ALL KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, AZ, AR, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THERE WAS NO CHANGE DURING THE YEAR.

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

Schedule O (Form 990) 2021

132211 11-11-21

SCH	EDULE	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 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-2952873

Name of the organization

THE HONOR FOUNDATION

Part I

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

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

#### 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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HONOR FOR LIFE FOUNDATION - 85-2239259							
11055 ROSELLE STREET	KEEP/RAISE HONOR FOR LIFE			TYPE I	THE HONOR		
SAN DIEGO, CA 92121	ENDOWMENT FUNDS	CALIFORNIA	501(C)3	SUPPORTING	FOUNDATION	X	
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021	THE HONOR FOUN	DATION	T									46-2	9528	73	F	Page <b>2</b>
	elated Organizations Taxable ed as a partnership during the		<b>tership.</b> Complete i	if the organiz	ation answe	ered "Ye	s" on Forr	n 990, P	art IV, line	e 34, b	ecaus	e it had one or	more re	elateo	d	
<b>(a)</b> Name, address, and E of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin (related, excluded fro	<b>e)</b> ant income unrelated, om tax under 512-514)	Share	(f) of total come	Sha end-o	<b>g)</b> are of of-year sets	Disprop	h) ortionate tions? No	(i) Code V-UB amount in b 20 of Schedi K-1 (Form 10	I Gene OX man	aging tner?	( <b>F</b> Perce owne	ntage
Identification of R	elated Organizations Taxable	e as a Corp	oration or Trust. C	complete if th	ne organizat	ion answ	vered "Yes	s" on For	rm 990. P	art IV.	line 34	4. because it h	ad one	or mo	ore rel	ated
Part IV organizations treate	ed as a corporation or trust du	ring the tax	year.		-							.,				
(a Name, addre of related o	ess, and EIN	Prim	<b>(b)</b> nary activity	(C) Legal domicile (state or foreign	(d) Direct cont entity		(e) Type of (C corp, s or tru	entity S corp,	(f) Share c inco	of total		<b>(g)</b> Share of end-of-year assets	(h) Percen owners	tage	(i Sec 512(t contr ent	b)(13)
				country)								400010		[	Yes	No
																1

# Schedule R (Form 990) 2021 THE HONOR FOUNDATION

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				
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)	1b	X					
с	Gift, grant, or capital contribution from related organization(s)	1c	X					
	Loans or loan guarantees to or for related organization(s)	1d		X				
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		X				
g		1g		X				
h	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	10		Х				
р	Reimbursement paid to related organization(s) for expenses	1p		X				
q	Reimbursement paid by related organization(s) for expenses	1q	Х					
r	Other transfer of cash or property to related organization(s)	1r		X				
	Other transfer of cash or property from related organization(s)	1s		X				
	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>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) HONOR FOR LIFE FOUNDATION	В	373,586.	
(2) HONOR FOR LIFE FOUNDATION	Р	2,396.	
(3) HONOR FOR LIFE FOUNDATION	с	18,963.	
(4)			
(5)			
_(6)			

# Schedule R (Form 990) 2021 THE HONOR FOUNDATION

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

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

(-)	(1-)		(-n)	-	•	(6)	()		- 1	(1)	(1)	(1-)
(a)	(b)	(c)	(d)	(€ Are partner 501(c org:	<b>all</b>	(f)	(g)		ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(related, unrelated,	partner 501(c	rs sec.	Share of	Share of	Dispr tior	opor- nate	amount in box 20	managing	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	org	s.?	total	end-of-year	alloca	tions?		partner?	ownersnip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO	
				$\left  \right $								<u> </u>
												<b> </b>
				+								<u> </u>

Schedule R (Form 990) 2021

## THE HONOR FOUNDATION

# Part VII Supplemental Information

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

132165	11-17-21
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#### 2021 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

	FAGE 10						i	330							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FIXED ASSETS	VARIOUS	SL	.000		16	712,165.				712,165.	543,694.		138,849.	682,543.
	* TOTAL 990 PAGE 10 DEPR						712,165.				712,165.	543,694.		138,849.	682,543.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone