	~			of Ormonization E			T.		OMB No. 1545-0047
Form	99	<i>3</i> 0	Return	of Organization E	xempt	From in	come ra	IX	2021
			Under section 501(c)	, 527, or 4947(a)(1) of the Inte	rnal Reven	ue Code (exce	pt private fou	Indations)	2021
Depart	ment of t	the Treasury	Do not e	nter social security numbers	on this form	n as it may be	made public		Open to Public
		ue Service	► Go to	www.irs.gov/Form990 for ins	structions a	and the latest	information.		Inspection
A F	or the	2021 calend	ar year, or tax year begi	nning		, 2021, and	d ending	_	, 20
B c	heck if a	applicable:	C Name of organization	UNGLE VINE FOUNDATIC	N INC			D Emplo	oyer identification number
A	ddress c	change	Doing business as						46-4237069
<u> </u>	ame cha	ange	Number and street (or I	P.O. box if mail is not delivered to street a	address)	F	loom/suite	E Teleph	none number
l In	itial retu	Irn	3319 3RD STRE	ET 2					
E Fi	nal retui	rn/terminated	City or town, state or pr	ovince, country, and ZIP or foreign posta	I code			G Gross	receipts
<u> </u>	mended	return	Des Moines, I	A 50313				\$	334,875
A	pplicatio	on pending	F Name and address of p	rincipal officer:			H(a) Is the	is a group return fo	or subordinates? Yes X No
							H(b) Are	all subordinate	es included? Yes No
			501(c)(3) 501(c) () < (insert no.) 4947(a)(1)) or 5	27			t. See instructions
	ebsite:		.naturebag.org					oup exemption r	
	_		. 🗆 🗠	sociation Other	L	Year of formation	2013	M State of lega	al domicile: IA
Par	T	Summar							
	1	•	•	sion or most significant activitie					team are the
ė		-		remote villages who				-	
Governance		craft it	into bags, purs	es, hats and other e	environm	entally f	riendly p	roducts	•
ern				- discontinuo di tra constitución a		(0/		
ŇŎ	2			on discontinued its operations of				I	_
م	3			erning body (Part VI, line 1a)					5
Activities &	4			ers of the governing body (Part	. ,			_	5
iviti	5			in calendar year 2021 (Part V, I	,				0
Act	6		r of volunteers (estimate i	• •					9
	7a			Part VIII, column (C), line 12					0
	b	Net unrelate	d business taxable incom	e from Form 990-T, Part I, line	11	• • • • • • •			0
		0 () (Prior Y		Current Year
	8		and grants (Part VIII, line	,			3	20,156	334,875
nue	9	•	•	ne 2g)					0
Revenue	10			(A), lines 3, 4, and 7d)					0
Ř	11			ines 5, 6d, 8c, 9c, 10c, and 11e					0
	12		v	(must equal Part VIII, column (,. ,		3	20,156	334,875
	13			IX, column (A), lines 1-3)				26,808	3,000
	14		I to or for members (Part						0
s	15	-		e benefits (Part IX, column (A)	,				0
Expenses			0 (column (A), line 11e)					0
pei			sing expenses (Part IX, c						
ш	17			ines 11a-11d, 11f-24e)				61,372	422,372
	18	•	,	st equal Part IX, column (A), line	,			88,180	425,372
	19	Revenue less	s expenses. Subtract line	e 18 from line 12		• • • • • • •		.68,024)	(90,497
Net Assets or Fund Balances							Beginning of C		End of Year
sets 3alar	20		,	•••••				94,400	489,655
at As nd E	21		(, , ,					.34,882	120,634
	22			t line 21 from line 20			4	59,518	369,021
Par			re Block	urn, including accompanying schedules	and atotomonto	and to the heat of		haliaf it ia	
				fficer) is based on all information of whic			my knowledge and		
Sigr	、		iam Newbrough					Det	
-								Dat	6
Here	•			ounding Director					
		,	print name and title	Dreneverie el mature		Data	I		DTIN
D - '		Print/Type pre		Preparer's signature		Date	Che		PTIN
Paic		_	A Ludwig	Phyllis A Ludwig		08-15-202		-employed	P00916318
	barer			BUSINESS CONSULTANTS	5		Firm's EIN	•	
Use	Only	Firm's address	s 🕨 1120 WE	LSH ROAD SUITE 200			Phone no.		

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North Wales PA 19454

X No

215-839-0985

Form		46-4237069	Page 2
Ра	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	\ldots
1	Briefly describe the organization's mission:		
	The essential members of our team are the hundreds of artisans in remote vill		
	hand spin JungleVine Fiber and then craft it into bags, purses, hats and other	r environment	ally
	friendly products.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		No
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes 🛛	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	\$ 334,8	87 <u>5</u>)
	The artisans who create JungleVine products have been able to improve not only		of their
	families but are able to contribute to the well-being of others within their	villages.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	() (•	/
4.		<u></u>	
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 409,195		
		Corm 0	00 (2024)

Form 990 (2021)

	n 990 (2021) JUNGLE VINE FOUNDATION INC 46-4237 ()69	F	Page 3
Pa	Int IV Checklist of Required Schedules			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	L
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 public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
k	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		х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
C	I 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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b				
	"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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		x
k		20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	JUNGLE VINE FOUNDATION INC 46-4237	69	F	age 4
Pa	rt 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?	054		
26	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%	26		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		~
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"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		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		Λ
Ũ	"Yes," complete Schedule L. Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
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 Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

	990 (2021) JUNGLE VINE FOUNDATION INC	46-42370	69	P	age S
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			
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 e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	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 authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit 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 contributions or				
	gifts 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 services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?		76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		79 7h		
			711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
^	sponsoring organization have excess business holdings at any time during the year?	• • • • • •	8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • •	9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
1	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	• • • • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
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 organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
6			16		x
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
16 17	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16 17		x

Forr	m 990 (2021) JUNGLE VINE FOUNDATION INC 46-4237	069	Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	ra "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>i</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6 7-	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
L	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		v
8	stockholders, or persons other than the governing body?	70		x
0	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?			x
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official		x	
b	Other officers or key employees of the organization	15b	x	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
L	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	organization's exempt status with respect to such arrangements?		I	I
17	List the states with which a copy of this Form 990 is required to be filed Iowa			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	William Newbrough (512)244-8909, 3319 3rd Street 2, Des Moines, TA 50313			

Form 990 (202) JUNGLE VINE FOUNDATION INC	46-4237069	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with o	or within the	
organization's t	ax year.		
 I ist all at 	the experimentary and affine a directory (whether individuals a constitution) according	an of a maximum of	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m s per	rson is rector	han one s both an (trustee) employee employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tiara Mays Director		x						0	0	0
(0) 1 1 1 1									v	U
(2) Vyada Vongphachann Director				x				0	o	0
(3) Dr Robert Shreck										
Director				x				0	0	0
(4) William Newbrough										
Founding Director				х				0	0	0
(5) Michael Pauley										
Director				x				0	0	0
<u>(6)</u>										
[7]										
<u>(8)</u>										
 [10]										
(11)										
<u>(12)</u>										
(13)										
<u>(14)</u>										
	1							1	I	—

	90 (2021) JUNGLE VINE FOUND										6-4237	069	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an	nd Hi	ighe	est Co	mp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) (do not check more than or Average box, unless person is both hours officer and a director/truster per week					s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	able ation ated	cor	(F) nated amount of other mpensation from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	orga	nization a	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		· · · ·			•		••						
d	Total (add lines 1b and 1c)							-	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wh	o re	eceive	d ma	ore than \$100,000	of			Yes	0 No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor	mpensa	ation	and	othe	er com	npen	sation from the					
E	individual					•		••			• • • •	4		x
5	for services rendered to the organization? If "Yes			-			-					5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										ax vear.			
	(A) Name and business address								(B) Description of service			(C) Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-		thos		ed a	above)) wh	0					

Form 9	90 (20	021) JUNGL	EV	INE FOUN	DAT	ION INC			46-42370	69 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontain	s a response	e or n	ote to any line in thi	is Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .			1a					
ŝ	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events			1c					
s, G Amo	d	J			1d					
Gift lar /	е	· · · · · · · · · · · · · · · · · · ·		-	1e					
Simi,	f	·····,3	-							
Jer (and similar amounts not in			1f	334,875				
d I I	g	Noncash contributions inclines 1a-1f			10	¢				
Cor	h	Total. Add lines 1a-1f		L	1g		224 975			
	- "	Total. Aud lines 1a-11	• • •			Business Code	334,875			
	2a					Busilless Code				
e	b									
ervi ue	c									
Program Service Revenue	d									
Rev	e									
Proč		All other program service	reven	ue						
-	g	Total. Add lines 2a-2f .								
	3	Investment income (includi								
		other similar amounts) .								
	4	Income from investment of	tax-e	xempt bond	proc	eeds►				
	5	Royalties	<u></u>			>				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
		Less: rental expenses								
		Rental income or (loss)	6C							
	d	Net rental income or (loss))	• • • • •		· · · · · · •				
	7a	Gross amount from		(i) Securitie	S	(ii) Other				
		sales of assets								
	L .	other than inventory Less: cost or other basis	7a							
0	U D	and sales expenses	76							
an ue		Gain or (loss)								
eve		Net gain or (loss)				•				
Other Revenue		Gross income from fundral								
Oth			-							
•		of contributions reported o								
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from t	fundra	aising events	s	>				
	9a	Gross income from gaming	-							
		activities, See Part IV, line	19 .		9a					
		Less: direct expenses .			9b					
	С	Net income or (loss) from	gamir	ng activities	••	· · · · · ►				
	10a	Gross sales of inventory, l								
		returns and allowances .			10a					
		Less: cost of goods sold			10k					
	C	Net income or (loss) from	sales	or inventory	• •					
	14-					Business Code				
e	11a b									
enu	а 2									
Miscellanous Revenue	-	All other revenue								
Mi		Total. Add lines 11a-11d				L ►				
		Total revenue. See instru					334,875	0	0	0

JUNGLE VINE FOUNDATION INC

Part IX Statement of Functional Expenses

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

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Page 10

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total avragada	(B) Drogrom convice	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	3,000	3,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а		64,710	48,533	16,177	
b	Legal	-			
с					
d					
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule O.)	16,622	16,622		
12	Advertising and promotion	3,224	3,224		
13	Office expenses	6,805	6,805		
14	Information technology	.,	.,		
15	Royalties				
16	Occupancy	13,788	13,788		
17	Travel	8,135	8,135		
18	Payments of travel or entertainment expenses		.,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,618	1,618		
24	Other expenses. Itemize expenses not covered	-	-		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Freight	14,279	14,279		
b	Bank Fees	470	470		
c	Orphanage - Charity Project	81,622	81,622		
d	Village Schools-Charity Proj	210,167	210,167		
e	All other expenses	932	932		
25	Total functional expenses. Add lines 1 through 24e.	425,372	409,195	16,177	0
26	Joint costs. Complete this line only if the	,0,2			v
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	J · · · · · · · · · · · · · · · · ·				

Part	t X	Balance Sheet			F
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	••••	(B) End of year
	1	Cash - non-interest-bearing	55,165	1	(27,244
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	385,171	7	383,697
ets	8	Inventories for sale or use	154,064	8	133,202
Assets	9	Prepaid expenses and deferred charges	134,004	9	133,202
٩	10a	Land, buildings, and equipment: cost or other		3	
	IVa	basis. Complete Part VI of Schedule D 10a			
	b	· · · · · · · · · · · · · · · · · · ·		100	
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	594,400	16	489,655
	17	Accounts payable and accrued expenses	19,882	17	35,634
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litië		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	115,000	24	85,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	134,882	26	120,634
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
Ces	27	Net assets without donor restrictions		27	
alan	28	Net assets with donor restrictions		28	
Ba		Organizations that do not follow FASB ASC 958, check here			
oun		and complete lines 29 through 33.			
يت ب	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sset	31	Retained earnings, endowment, accumulated income, or other funds	459,518	31	369,021
Net Assets or Fund Balances	32	Total net assets or fund balances	459,518	32	369,021
Re	33	Total liabilities and net assets/fund balances	594,400	33	489,655
EEA			594,400	- 55	Form 990 (2021)

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JUNGLE VINE FOUNDATION INC

Form 990 (2021)

Form	990 (2021) JUNGLE VINE FOUNDATION INC	46-423706	9	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		334,	,875
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		425,	,372
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(90,	,497)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		459,	,518
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		369,	,021
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash 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?		2b		x
	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				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	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	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	<u></u> .	3b		
EEA			Form	990 (2021)

SCHE	DULE	Α
(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.

Department of the Treasury Internal Revenue Service

►	Attach	to	Form	990 oi	Form	990-EZ.
---	--------	----	------	--------	------	---------

ust.	2021			
	Open to Public			
	Inspection			
1				

OMB No. 1545-0047

Name of the organization Enclose Part1 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A choicit convention of othurches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). A choicit convention of particle hospital school organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: B A choicit convention or governmental unit described in section 170(b)(1)(A)(iv). B A community trust described of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Comparization operated for the benefit of a college or university owned or operated in section 170(b)(1)(A)(v). A conganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from contributions, merbership (ees, and gross receipts from activities related in section 170(b)(1)(A)(v). A anglicultural research organization described in section 170(b)(1)(A)(v).
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A chool described in section 170(b)(1(A)(l). A school described in section 170(b)(1(A)(li). A school described in section 170(b)(1(A)(li). A non-describe hospital school operated in conjunction with a hospital described in section 170(b)(1(A)(li). A nedical research organization operated in conjunction with a hospital described in section 170(b)(1(A)(li). A default or a cooperated of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1(A)(V)). Image: A state, or icoa governmental unit described in section 170(b)(1(A)(V)). Image: A norganization operated part III.) Image: A norganization operated an social on 170(b)(1(A)(V)). Image: A norganization described in section 170(b)(1(A)(V)).
The organization is not a private foundation because it is (For lines 1 through 12, check orly one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Atach Schedule E (Form 990).) 3 A notional case and the organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 6 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)(ii). (Complete Part II.) 7 A norganization thet normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its everpt functors, subject to certain exceptions; and (2) nor ord ethan 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related a colleviewy to test for public safety. See section 509(a)(2). 11 An organization organization operated exclusively to the to perflict safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization of(s), typically by giving the supported organization generation supervised or controlled in connection with is supported organization(s), t
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 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)(v). 6 A norganization operated for the Use for governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(x). (Complete Part II.) 9 An organization after Junceives: (1) more than 33 1/3% of its support from contributions, membraship fees, and gross regulation that normally receives: (1) more than 33 1/3% (2). (Complete Part III.) 11 An organization organization after Junceives. (2). (Complete Part III.) 12 An organization after Junceives. (1) more than 33 1/3% (2). (Complete Part III.) <
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital sname, city, and state: A no organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A detarial, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A conganization that normally receives a substratial part of its support from a governmental unit of momental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives: (1) more then 33 1/3% of its support from contributions, membership fees, and gross receipibs from activities related to its exempt functions, subject to certain exceptions, and (2) norm then 33 3/3% of its science of by(4). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organi
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital sname, 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)(vi). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(vi), goverated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization are university for the section 170(b)(1)(A)(vi) or more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to usisevely for the benefit of the part II.) 11 An organization organized and operated exclusively to the benefit of the part II.) 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 11 An organization organized and operated exclusively to the public to perform the functions(), by incally by giving the supporting organization (so the callege or universis) or on organized
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: A noganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A noganization often tormally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A no granization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from ross investment income and unrelated business tractable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part II.) A norganization organized and operated exclusively to test for public isalter, See section 509(a)(4). A no granization organized and operated exclusively to test for public isalter, See section 509(a)(2). See section 509(a)(2). Complete Part II.) A norganization organized and operated exclusively to test for public isalter. See Section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization (s)(a)(a) is public) supported organization operated, supervised, or connolled by its supported organization(s), by puving the supporting organization operated, supe
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)(v). 6 A fedral, state, or local governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization flat normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross reserves functions, subject to certain exceptions; and (2) nor more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(a). 10 ⊠ An organization affer June 30, 1975. See section 509(a)(a). (Complete Part II.) 11 _An organization affer June 30, 1975. See section 509(a)(a). (Complete Part II.) 12 _An organization affer June 30, 1975. See section 509(a)(a). (Complete Part II.) 13 _An organization affer June 30, 1975. See section 509(a)(a). (Complete Part II.) 14 _An organ
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Yes No
(A)
(B)
(C) (C)
(D)

Total

Schedu	le A (Form 990) 2021 JUNGLE VINI					46-423706	
Part	II Support Schedule for Organiza	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support		1	1	1	1	
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(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						
	organization'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.						
	on B. Total Support						
	dar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	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						
Ū	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructio	(anc			12	
13	First 5 years. If the Form 990 is for the or						<u>)(3)</u>
15	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						· · · · ► 📋
14	Public support percentage for 2021 (line 6			11 column (f))		14	%
15	Public support percentage from 2020 Sch		-			15	%
16a	33 1/3% support test - 2021. If the organ						
IUa	box and stop here. The organization qua						
b	33 1/3% support test - 2020. If the organ		• • • •	•			
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202	-		-			
17a		-					
	10% or more, and if the organization mee Part VI how the organization meets the fa						
	-			-			
1.	organization						
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						_
40	organization						
18	Private foundation. If the organization di						
	instructions						<u></u> ► Ц

Schedu	le A (Form 990) 2021 JUNGLE VINE					46-423706	9 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	ization failed	to qualify une	der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please cor	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .		899,497	290,481	273,562	272,866	1,736,406
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		899,497	290,481	273,562	272,866	1,736,406
	Amounts included on lines 1, 2, and 3		099,497	290,401	273,302	2/2,000	1,730,400
74	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0.0.04							1,736,406
	on B. Total Support	(-) 0047	(1-) 0040	(-) 0040	(-1) 0000	(-) 0004	
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		899,497	290,481	273,562	272,866	1,736,406
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	899,497	290,481	273,562	272,866	1,736,406
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(d	:)(3)
	organization, check this box and stop her	е					► 🗌
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2021 (line 8	8, column (f), di	vided by line 1	3, column (f))		15	100.00 %
16	Public support percentage from 2020 Sch	edule A, Part I	II, line 15 .			16	100.00 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2021 (I	ine 10c, colum	n (f), divided b	y line 13, colur	mn (f))	17	0.00 %
18	Investment income percentage from 2020	Schedule A, F	Part III, line 17			18	0.00 %
19a	33 1/3% support tests - 2021. If the orga	nization did no	t check the bo	x on line 14, ar	nd line 15 is mo	ore than 33 1/3	%, and line
	17 is not more than 33 1/3%, check this b	ox and stop h e	ere. The organ	ization qualifie	s as a publicly	supported org	anization 🕨 🗴
b	33 1/3% support tests - 2020. If the organization	on did not check	a box on line 14	4 or line 19a, and	line 16 is more	than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organization	on qualifies as a	publicly supporte	ed organization	► 🗌
20	Private foundation. If the organization di						

Page 4

No

JUNGLE VINE FOUNDATION INC 46-4237069 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 Yes 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 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). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a 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.)

10b

Part	IV Supporting Organizations (continued)		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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		M	
			Yes	Nc
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ect	ion C. Type II Supporting Organizations		M.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecu	ion 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		162	INC
•	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		
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			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
t	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	einst	ructic	ns)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct A structure Part VI how you supported a government entity (see instructure).	ctions)		NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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,			
	<i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
_	<i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's 	2a		
b	 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. 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 	2a		
b	 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. 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 			
b	 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. 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. 	2a 2b		
b 3	 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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below. 			
	 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. 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	 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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below. 			
3	 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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 	2b		

46-4237069

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 Schedule A (Form 990) 2021
 JUNGLE VINE FOUNDATION INC

 Part IV
 Supporting Organizations (continued)

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1 [Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (exp	
	instructions. All other Type III non-functionally integrated supporting organi	izatio	ns must complete Sect	ions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-				

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

Schedule A (Form 990) 2021

Schedu	e A (Form 990) 2021 JUNGLE VINE FOUNDATION IN			23706	9 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(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) Underdistribution Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount Remainder, Subtract lines 4a and 4b from line 4.				
C					
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result				
6	greater than zero, <i>explain in Part VI</i> . See instructions. Remaining underdistributions for 2021. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
 a	Evenes from 2017				
a b	Evenes from 2018				
C	Evenes from 2010				
d	Evenes from 2020				
e	Evenes from 2021				
EEA				Sch	edule A (Form 990) 202
-					

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

Schedule of Contributors

OMB No. 1545-0047

Schedule B
(Form 990)

Department of the Treasury

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

2021

Internal Revenue Service	
	_

Name of the organization	Employer identification number
JUNGLE VINE FOUNDATION INC	46-4237069
Organization type (check one):	

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Name of organization

Page 2 Employer identification number

JUNGLE VINE FOUNDATION INC

46-4237069

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Lucinda Malott		Person <u>x</u> Payroll		
	957 La Senda	\$164,225	Noncash		
	Santa Barbara CA 93105		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	John Grabow		Person <u>x</u> Payroll		
	c/o Box 1822	\$24,910	Noncash		
	Des Moines IA 50305		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	T. Patrick Cullen		Person x		
	3460 S. Centinela Ave Apt 407	\$10,000	Payroll Noncash		
	Los Angeles CA 90066		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Laura Selby 16 Evergreen Lane	\$ 64,000	Person <u>x</u> Payroll Noncash		
	Mercer Island WA 98040	_	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JUNGLE VINE FOUNDATION INC

Employer identification number 46-4237069

01. Form 990 governing body review (Part VI, line 11)

The Board reviews the Form 990 prior to its submission to the IRS.

02. CEO, executive director, top management comp (Part VI, line 15a)

The Board periodically reviews overall compensation to determine appropriate levels, if

any.

03. Other officer or key employee compensation (Part VI, line 15b

The Board periodically reviews overall compensation to determine appropriate levels, if

any.

04. Governing documents, etc, available to public (Part VI, line 19)

The governing documents are made available to the public upon request.

Form	8868	
(Rev. Jar	uary 2022)	

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

Department of the Treasury Internal Revenue Service

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

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

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

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

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)	
print	JUNGLE VINE FOUNDATION INC	46-4237069	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.		
due date for	3319 3RD STREET 2		
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions.	Des Moines IA 50313		

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of > William Newbrough, 3319 3rd Street 2 Des Moines IA 50313

Т	elephone No.► 512-244-8909 FAX No.►			
• If	the organization does not have an office or place of business in the United States, check this box	••••		
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is		
for th	e whole group, check this box 🛛	nd attach		
a list	with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until <u>11-15</u> , 20 <u>22</u> , to file the exempt organization the organization named above. The extension is for the organization's return for: X calendar year 20 21 or	ation return fo	r	
	▶	, 20)	
2	If the tax year entered in line 1 is for less than 12 months, check reason:			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caut	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE	and Form 88	79-TE for paym	ent
instru	uctions.			
For F	Privacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	m 8868 (Rev. 1	-2022)

EEA

990	
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Overflow Statement (This page is not filed with the return. It is for your records only.)

2021 Page 1

Name(s) as shown on return

JUNGLE VINE FOUNDATION INC

46-4237069

Office

Description		Amount
Printing and Copying	<u>\$</u>	33
Supplies		403
<u>Customer Fulfillment/Service</u>		5,880
Misc		488
Rounding		1
	Total: \$_	6,805