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Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



ΑF	or the	e 2021 calendar year, or tax year beginning and	ending		
B c	Check if	e: C Name of organization		D Employer identific	cation number
	Addre chang	Because International Corp			
	Name chang			26-419030	08
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1415 1st St S		208-697-4	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,857,382.
	Amen return	Nampa, ID 83651		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: AIICLEW KLOES		for subordinates	? Yes 🔀 No
	pendi	same as C above		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: > www.becauseinternational.org		H(c) Group exemption	
		forganization: 🔀 Corporation Trust Association Other 🕨	L Year of	of formation: 2009 N	I State of legal domicile: ID
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities: We us			
anc		alleviate poverty through a focus on reli			
Activities & Governance	2	Check this box F if the organization discontinued its operations or dispos	sed of more		-
Š	3				6
ن ھ		Number of independent voting members of the governing body (Part VI, line 1b)			6
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			17
ivit	6	Total number of volunteers (estimate if necessary)		6	8
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year 1,303,130.	<u>Current Year</u> 1,841,638.
ne	8	Contributions and grants (Part VIII, line 1h)		1,303,130.	1,841,038.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	-26,464.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,834.	15,140.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,310,964.	1,830,314.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		371,455.	412,597.
	14			0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		777,228.	644,908.
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Den	h	Total fundraising expenses (Part IX, column (A), line 25) 197, 85	54.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		304,493.	310,760.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,453,176.	1,368,265.
		Revenue less expenses. Subtract line 18 from line 12		-142,212.	462,049.
or				ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		737,519.	1,286,954.
Assets Balanc	21	Total liabilities (Part X, line 26)		461,106.	548,492.
Net.	1	Net assets or fund balances. Subtract line 21 from line 20		276,413.	738,462.
_		Signature Block		· 1	•

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

Sign	Signature of officer			Date					
Here	Andrew Kroes, Presiden	it							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	Kim Hunwardsen, CPA	Kim Hunwardsen,	CPA 09/20	/22 self-employed	P0048456	0			
Preparer	arer Firm's name ▶ Eide Bailly LLP Firm's EIN ▶ 45-0250958								
Use Only	Firm's address 🕨 800 Nicollet Mal	1, Ste. 1300							
	Minneapolis, MN 55402-7033 Phone no.612-253-6500								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

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Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We use products as solutions to alleviate poverty by meeting immediate
	needs and creating opportunities for empowerment.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 724,052. including grants of \$ 348,562.) (Revenue \$
	The Shoe That Grows:
	Because International is committed to the UN's Sustainable Development
	Goal 1: End poverty in all forms everywhere. We believe this starts
	with extreme poverty helping individuals and families who are living
	below the \$1.90 threshold. Physical products play an important role in
	meeting immediate needs and creating long term opportunities for
	empowerment.
	(Continued on Sch. 0)
4b	(Code:) (Expenses \$297,747. including grants of \$64,035.) (Revenue \$
	Accelerator:
	As an organization, our mission is to use products as solutions to
	alleviate poverty by meeting immediate needs and creating opportunities
	for empowerment. One of the ways we are doing this is through the
	Because Accelerator, a business incubator designed to take ideas for
	innovative products like The Shoe That Grows to the next level.
	As we experienced continued success with The Shoe That Grows, we began
	connecting with and being contacted by aspiring entrepreneurs who had
	their own ideas for product solutions that also aimed to solve a social
	need. (Continued on Sch. 0)
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 ► 1,021,799.
	Form 990 (202
132002	See Schedule O for Continuation(s)

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<u>Form 990 (</u>			Corp
Part IV	Ch	ecklist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u></u>
10		10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		- 21
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
• •	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
10000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X (2021)
132003	12-09-21	Form	550	(2021)

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			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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		<u>x</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		<u> </u>
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		<u> </u>
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	50	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	L
_	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
				_

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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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	3			
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		X
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				<u> </u>
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	0		
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a L			9a		
b 10			9b		
10	Section 501(c)(7) organizations. Enter:	10a			
-	Initiation fees and capital contributions included on Part VIII, line 12	10b	1		
ь 11	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		1		
D.	amounts due or received from them.)	11b			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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	13b			
с	Enter the amount of reserves on hand	13c	1		
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

Because International Corp

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

	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	tion 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 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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 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, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<u></u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120	- 23	
С		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		x
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1010		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
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	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, HI, KY, MN, NH, OR, SC, UT	',VA		
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	id financ	cial	
	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 Andrew Kroes - 208-697-4417			

83651

1415 1st St S, Nampa, ID

132006 12-09-21

Form 990 (2021) Because	International Cor	p	26-4190308	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Ke	ey Employees, and Highest Compe	nsated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

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

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

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

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

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

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

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

(A)(B)(C)(D)(E)Name and titleAverage hours perPosition (do not check more than one hours perReportable compensationReportable compensation	(F) Estimated amount of
hours per box, unless person is both an compensation compensation	
week officer and a director/trustee) from from related	other
(list any 물) the organizations c	compensation
hours for	from the
related a set or set of the set o	organization and related
	organizations
(list any hours for related organizations below line)	organizations
(1) Andrew Kroes 40.00	
President X 83,165. 0.	11,140.
(2) Audie McRae 1.00	
Chairman X X 0. 0.	0.
(3) Shannon McGuire	
Secretary X X 0. 0.	0.
(4) Eric Fredriksen 1.00	
Treasurer X X O. O.	0.
(5) Gary Howlett 0.50	
Director X O. O.	0.
(6) Katherine Neebe 0.50	-
Director X O. O.	0.
(7) Kendra Witt-Doyle 0.50	-
Director X O. O.	0.
(8) Heath Gamboa (Until 01/2021) 0.50	•
Director X O. O.	0.
	000 (222 ()

Form 990 (2021) Because]	Internat	io	na	1	Co	orp			26-41	L90:	308	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	Deathing						(E)		-	(F)			
Name and title	Average hours per		not c	heck ı	more	than c s both		Reportable compensation	Reportable compensatio	n		timate 10unt (
	week					or/trust		from	from related			other	51
	(list any	ector						the	organizations			pensa	
	hours for related	or dir	ee			ated		organization	(W-2/1099-MIS	,C/		om the	
	organizations	Individual trustee or director	Institutional trustee		ee	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relati	
	below	idual t	utiona	er	Key employee	est co oyee	er	,				nizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
										$ \rightarrow $			
										-+			
										$ \longrightarrow $			
								83,165.		0.	1 -	1,14	10
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		г, т.	<u>+0.</u> 0.
d Total (add lines 1b and 1c)								83,165.		0.	1	1,14	
2 Total number of individuals (including but n							o re		000 of reportable			_ / _	
compensation from the organization						,							0
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	-				-			-			_		37
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	oers	on .				<u> </u>	5		Х
1 Complete this table for your five highest co	moonsated ind		ndor	at co	ontre		re th	hat received more than 4	100 000 of comp		ion fro		
the organization. Report compensation for t									, 1	CIISAL		,,,,,	
(A)	ine calendar ye		indii	ig w				(B)			(C	;)	
Name and business	address	NC	ONE	2				Description of s	ervices	С	omper		า
													-
							_						
							-						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	tot	thos	se lis	ted	above) who received me	ore than				
\$100.000 of compensation from the organiz	•				C			•					

	n 990 (j rt VII		ause Int	ernational	Corp		26-4190	308 Page 9
Pa		Check if Schedule O		nse or note to anv lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ervice Contributions, Gifts, Grants te and Other Similar Amounts	b c d f f 2a	Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	1b 1c 1d ributions) 1e grants, and above 1f lines 1a-1f 1g \$	Business Code	1,841,638.			
Program Service Revenue	e f	All other program service Total. Add lines 2a-2f	revenue					
	3 4 5	Investment income (includ other similar amounts) Income from investment of Royalties	ding dividends, ir	nterest, and md proceeds	151. 2,954.			151. 2,954.
	с	Less: rental expenses Rental income or (loss)	6a 6b 6c	(ii) Personal	-			
enue	7 a b	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securit 7a 7b 26,61 7c - 26,61	5.				
Other Reve	d	Net gain or (loss) Gross income from fundraisi including \$ contributions reported on Part IV, line 18	ng events (not of line 1c). See	8a	-26,615.			-26,615.
	c 9 a b	Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses	fundraising even ng activities. See	9a 12,639. 9b 453.	12,186.			12,186.
	10 a b	Net income or (loss) from Gross sales of inventory, l and allowances Less: cost of goods sold Net income or (loss) from	less returns	10a 10b	12,100.			12,100.
Miscellaneous Revenue	11 a b c d	All other revenue		Business Code				
~	е 12	Total. Add lines 11a-11d Total revenue. See instruction		>	1,830,314.	0.	0.	-11,324.

e All other expenses

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

c d

25

26

1,021,799.

1,368,265.

	990 (2021) Because Inte	ernational Co	orp	26-
	t IX Statement of Functional Expense			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).
_	Check if Schedule O contains a response	(A)		(C)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses
1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic	100 404	100 404	
	individuals. See Part IV, line 22	122,424.	122,424.	
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign	000 150	000 4 70	
	individuals. See Part IV, lines 15 and 16	290,173.	290,173.	
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	94,305.	61,298.	4,71
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	482,218.	300,170.	80,12
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	24,914.	15,414.	4,20
10	Payroll taxes	43,471.	27,496.	6,38
11	Fees for services (nonemployees):			
а	Management			
	Legal	5,057.		5,05
	Accounting	10,972.		10,97
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25,			
Ū	column (A), amount, list line 11g expenses on Sch 0.)	69,622.	47,359.	1,03
12	Advertising and promotion	19,966.	<u>47,359</u> . 18,729.	1,03
13	Office expenses	67,364.	50,594.	10,34
14	Information technology	23,687.	13,923.	2,74
15	Royalties			, _
16	Occupancy	48,730.	38,943.	4,38
17	Travel	18,963.	10,043.	4,68
18	Payments of travel or entertainment expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_,
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	13,360.	8,215.	3,02
20	· · · · · · · · · · · · · · · · · · ·	,	3,2231	5,52
20 21	Payments to affiliates			
21 22	Depreciation, depletion, and amortization	5,827.	3,518.	1,97
22 23	. Γ	8,904.	5,510.	8,90
	Insurance	0,904.		0,90
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			
а	Processing Fees	18,308.	13,500.	2!
	TTOCODING TCCD	TO' 200 •		<u>4</u> .

(D) Fundraising expenses

28,292.

101,923.

5,297. 9,592.

21,228. 1,212. 6,421. 7,021.

> 5,402. 4,235.

> 2,117.

331.

4,783.

Form **990** (2021)

197,854.

148,612.

Because International Corp)
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		Check if Schedule O contains a response or i	note to any	line in this Part X			
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			249,333.	1	129,030.
	2	Savings and temporary cash investments	0.	2	535,042.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			5,248.	4	33.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	nese perso	ins		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons descril	bed in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			412,705.	8	540,955.
As	9	_			11,228.	9	9,525.
	10a	Land, buildings, and equipment: cost or othe		Γ			
		basis. Complete Part VI of Schedule D		38,737.			
	b	Less: accumulated depreciation	10b	29,571.	9,005.	10c	9,166.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	50,000.	12	63,203.		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			737,519.	16	1,286,954.
	17	Accounts payable and accrued expenses	266,232.	17	548,492.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
s	22	Loans and other payables to any current or fo	ormer office				
Liabilities		trustee, key employee, creator or founder, su					
lide		controlled entity or family member of any of t				22	
Ľ	23	Secured mortgages and notes payable to uni		Γ		23	
	24	Unsecured notes and loans payable to unrela			194,874.	24	0.
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			461,106.	26	548,492.
		Organizations that follow FASB ASC 958, o	heck here				
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	276,413.	27	738,462.		
Bal	28	Net assets with donor restrictions		28			
pu		Organizations that do not follow FASB ASC					
μ		and complete lines 29 through 33.					
°.	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		Γ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			276,413.	32	738,462.
-	33	Total liabilities and net assets/fund balances			737,519.	33	1,286,954.

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

		190308	га	_{ge} 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,83		
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,36		
3 Revenue less expenses. Subtract line 2 from line 1	3			49.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27	6,4:	13.
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities	6			
7 Investment expenses				
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schedule O)				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	73	8,4	62.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Sch	iedule 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 rev	iewed 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 se	parate basis,			
consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the audit,			1
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 or	n 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	ne 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				1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

ı.

Name of the organization

Name of the organization Employer identification num										
		Beca	use Intern	<u>ational Corp</u>					6-4190308	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	his part.) Se	e instruction	IS.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1))(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(iii).			
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental u	init or from th	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conjui	nction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city,	and state of	the college	or	
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membersh	ip fees, and	d gross receipts from	
		activities related to its exem								
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquir	ed by the org	anization a	ifter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	s of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2). S	See section &	509(a)(3).	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines [.]	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	nization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direct	tors or truste	es of the su	ipporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supported	d organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that con	trol or manag	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A, I	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	I an attentiv	/eness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part V	Ι.			
е		Check this box if the orga		-				II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported c	organizations	, , ,	0 0					
g	Pro	vide the following information								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Tota	l									
		aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	132021 01-0	4-22	Sche	dule A (Form 990) 2021	

Because International Corp

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1646877.	2818970.	3057042.	1303130.	1841638.	10667657.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1646877.	2818970.	3057042.	1303130.	1841638.	10667657.	
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)						81,183.	
6	Public support. Subtract line 5 from line 4.						10586474.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	1646877.	2818970.	3057042.	1303130.	1841638.	10667657.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	41.	36.		7,834.	3,105.	11,016.	
9	Net income from unrelated business					-	· · ·	
-	activities, whether or not the							
	business is regularly carried on					12,186.	12,186.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						10690859.	
	Gross receipts from related activities,	etc. (see instructio	uns)			12		
	First 5 years. If the Form 990 is for th		,					
	organization, check this box and stor	-		-				
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.02 %	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.03 %	
	33 1/3% support test - 2021. If the o					ore, check this bo		
	stop here. The organization qualifies						N 37	
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c				or more,	
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-	-	Ũ		
b	10% -facts-and-circumstances test	0	•	,	•		10% or	
		-						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization							
				,,,	,		(Eorm 990) 2021	

Schedule A (Form 990) 2021

Schedule A	(Form	990)	202
		550	1202

 Schedule A (Form 990) 2021
 Because International Corp

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

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

Sec	ction A. Public Support								
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		•	•	•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020		(e) 2021	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								
	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.)							I	
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	'n,	
								►	
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage						
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13, o	column (f))		15			%
	Public support percentage from 2020					16			%
Sec	ction D. Computation of Inves	tment Income	e Percentage						
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17			%
	Investment income percentage from 2					18			%
1 9a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/39	%, and line 17	' is not	
	more than 33 1/3%, check this box an	id stop here. The	e organization quali	fies as a publicly s	supported organiza	ation		►[
b	33 1/3% support tests - 2020. If the							r	
	line 18 is not more than 33 1/3%, che							▶	
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tl	his box and see ins	structio	ons	▶[
13202	23 01-04-22						Schedule A	(Form 990) 2	2021

Schedule A (Form 990) 2021

Schedule	Δ	(Form	990)	2021

Because International Corp

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

hedule A ((Form 990) 2021	Because	International	Corp
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1

2

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

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	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.
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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

superviseu	. Or controlled the support	rung organization.
Section C. Ty	/pe II Supporting O	rganizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	year (eee measurements)

- a The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

No

Yes

Schedule A (Form 990) 2021

Schedule A	(Form 990) 202
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 Schedule A (Form 990) 2021
 Because International Corp

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(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) Underdistributions 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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	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			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			

Because International Corp

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	Because	Internatio	nal Corp	26-4190308 Page 8
Part VI	line 1; Part IV, Section A, lines	l, 2, 30, 30, 40, 40, 40, 40, 40, 40, 40, 40, 40, 4	rt IV, Section E, lines	1c, 2a, 2b, 3a, and	he 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

26 - 419030	8
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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**.

Because International Corp

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Sched	ule B (F	orm 99	90) (2021)	
				_

Name of organization

Because International Corp

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		\$43,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$78,423.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

26-4190308

(a) No.

\$

	B (Form 990) (2021) organization		Page Employer identification number
Name of 0	iganization		Employer identification number
Becau	se International Corp		26-4190308
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
7		\$325,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution

123452 11-11-21

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

Person Payroll Noncash

123453 11-11-21

(a)

No.

from

Part I

(a)

No.

from

Part I

(a)

No.

from

Part I

ame of orga	anization		Employer identification number
ecause	e International Corp		26-4190308
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	1 1)sto rocolvod

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

\$_

\$_

\$

(b)

Description of noncash property given

(b)

Description of noncash property given

(b)

Description of noncash property given

Schedule B (Form 990) (2021)

(d)

Date received

(d)

Date received

(d)

Date received

Name of o	rganization				Employer identification number	
Becau	se International Corp				26-4190308	
Part III		through (e) and the following lisharitable, etc., contributions of \$1,0	ine entry. For o	rganizations	nat total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer	of gift			
	Transferee's name, address, an	ld ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer				
	Transferee's name, address, an	Id ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
·	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer	of gift			
	Transferee's name, address, an	ud ZIP + 4	R	elationship of tra	nsferor to transferee	

Schedule B (Form 990) (2021)

SCHEDULE	D
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Supplemental Financial Statements



(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10,	nization answered 11a, 11b, 11c, 11d,	"Yes" on Form 990, 11e, 11f, 12a, or 12b.		202	21
	ment of the Treasury	►Go to www.irs.gov/Form99	Attach to Form 990.			Open to Inspecti	
	al Revenue Service e of the organizati				Emr	oloyer identification	
Nam							08
Pa	rt I Organiza	ations Maintaining Donor Advised		r Similar Funds or A	coun		
		n answered "Yes" on Form 990, Part IV, line				e emprete n'il	
			(a) Donor ad	vised funds	(b) Fun	ds and other accou	nts
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v	riting that the assets	s held in donor advised fun	ds		
	are the organizatio	on's property, subject to the organization's e	exclusive legal contro	bl?		Yes	No No
6	Did the organization	on inform all grantees, donors, and donor a	lvisors in writing that	t grant funds can be used c	only		
	for charitable purp	ooses and not for the benefit of the donor or	donor advisor, or fo	r any other purpose confer	ing		
	impermissible priv						No No
Pa	rt II Conserv	ation Easements. Complete if the org	anization answered	"Yes" on Form 990, Part IV	, line 7.		
1	Purpose(s) of cons	servation easements held by the organizatio	n (check all that app	ly).			
	Preservation	n of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically	important land area	i
	Protection o	of natural habitat		Preservation of a cert	ified his	storic structure	
	Preservation	n of open space					
2		through 2d if the organization held a qualifi	ed conservation con	tribution in the form of a co	nservat		
	day of the tax year	r.				Held at the End of th	e Tax Year
а	Total number of co	onservation easements			2a		
b	-				2b		
С		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a					
		nal Register			2d		
3		vation easements modified, transferred, rele	eased, extinguished,	or terminated by the organ	zation	during the tax	
	year						
4		where property subject to conservation eas		······			
5	-	tion have a written policy regarding the peri	la a lala Q				
6		forcement of the conservation easements it er hours devoted to monitoring, inspecting, h		and onforcing concervation			
6		a nours devoted to monitoring, inspecting, i	ianuling of violations	, and enforcing conservation	II ease	anents during the ye	ai
7		 ses incurred in monitoring, inspecting, handl	ing of violations, one	Lonforcing concervation of	oomoni	to during the year	
'	► \$	ses incurred in monitoring, inspecting, nandi	ing of violations, and	a enforcing conservation ea	Sement	is during the year	
8		vation easement reported on line 2(d) above	satisfy the requirem	pents of section $170(h)(A)(B)$	n(i)		
5	and section 170(h)					Yes	No
9)(4)(B)(II)? be how the organization reports conservatio					
5		d include, if applicable, the text of the footn		-			
		counting for conservation easements.					
Pa		ations Maintaining Collections of	Art, Historical T	reasures, or Other S	imila	r Assets.	
		f the organization answered "Yes" on Form					
1 a		elected, as permitted under FASB ASC 958		revenue statement and bal	ance sh	neet works	
	s. gamzadon		,				

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990. Part VIII. line 1	▶ \$	

			Ψ	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovic	de	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

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

Schedule D (Form 990) 2021

Sche		Internatio						26-41	9030	<mark>8</mark> Р	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	torical Tre	easures, or	Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, chec	k any of the	following that	make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	i 🗌	Loan or exc	hange progra	m					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how tl	hey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, h	istorical trea	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if th	e organizatio	on answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other ass	ets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete										<u> </u>
		(a) Current year	(b)	Prior year	(c) Two year	s back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		_%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held ar	nd administere	ed for th	ie organiza	ation	ĺ	Yes	No
	by:									res	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		wment	tunas.							
I UI	Complete if the organization answere) Part I	V line 11a S	See Form 990	Part X	line 10				
	Description of property		-					ad	(d) Poo	k volu	•
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation		(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			3	8,737.		29,5	71.		9,1	66.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	0c.)					9,1	66.
								~ · · ·	D / E		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Because Int	ernational Co	rp	26-4190308 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			- 05
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, In	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
, column (2) moot oquar i onn ood, i art /, ool. (D) int			

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

Sche	edule D (Form 990) 2021 Because International Corp	26-4190308 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b		
с		
d		
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.) 4b	
с	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b		
с	Other losses 2c	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.) 4b	
с	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	rt XIII Supplemental Information.	

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

Name of the organization					Employer identi	fication number
Because Interna	tional Co	orp			26-41903	08
Part I General Info	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
-	•		ds to substantiate the amount of its gra			ı
the grantees' eligibility for	or the grants or a	issistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes 🗌 No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	e arante and at	her assistance out	side the
United States.		organization s	procedures for monitoring the use of its	s grants and or		
	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	expenditures for and
	In the region	independent contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region			., .	
Central America and						
the Caribbean	0	0	Grants, Training	The Shoe Th	at Grows	9,000.
East Asia and the				m 1 c1 m1		1
Pacific	0	0	Grants, Training	The Shoe Th	lat Grows	1,000.
Europe	0	0	Grants, Training	The Shoe Th	at Grows	0.
Middle East and		<u>_</u>		The Shoe Th		20.000
North Africa	0	0	Grants, Training	Business Ac	celerator	38,000.
North America	0	0	Grants, Training	The Shoe Th	at Grows	2,000.
Couth Amonica	0	0	Swamps Westmins	The Chee Th	- +	
South America	0	0	Grants, Training	The Shoe Th	lat Grows	0.
				The Shoe Th	at Grows,	
Sub-Saharan Africa	0	0	Grants, Training	Business Ac	celerator	182,000.
2 a Subtotal	0	0				232,000.
3 a Subtotal b Total from continuation						252,000.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				232,000.

Statement of Activities Outside the United States
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Sub-Saharan						
		Africa	Business Accelerator	8,500.	Western Union	٥.		Accrual
		Sub-Saharan						
		Africa	Business Accelerator	7,000.	Wire	0.		Accrual
		Middle East and						
		North Africa	Business Accelerator	9,000.	Wire	0.		Accrual
		Sub-Saharan						
		Africa	Business Accelerator	8,000.	Wire	0.		Accrual
		Sub-Saharan Africa	Business Accelerator	6,500.	Wire	0.		Accrual
		AIIICa		0,500.	MILE	0.		
								+
			recognized as charities by the t			•		
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	uvalency letter	🟲 -		

Schedule F (Form 990) 2021

Because International Corp

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

26-4190308

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
The Shoe That Grows	Central America and the Caribbean	780			0 500	The object The former	Book
the shoe that Grows	and the Caribbean	/80	0.		0,500.	The Shoe That Grows	BOOK
	East Asia and the						
The Shoe That Grows	Pacific	55	٥.		600.	The Shoe That Grows	Book
The Shoe That Grows	Europe	4	٥.		40	The Shoe That Grows	Book
		-					
	Middle East and						
The Shoe That Grows	North Africa	2,625	٥.		28,875.	The Shoe That Grows	Book
The Shoe That Grows	North America	156	٥.		1 715.	The Shoe That Grows	Book
The Show That Grows	South America	9	0.		100.	The Shoe That Grows	Book
	Sub-Saharan						
The Show That Grows	Africa	13,398	٥.		147,380.	The Shoe That Grows	Book
		,			,		
							_

Schedule F (Form 990) 2021

			International	Corp
Part IV	Foreign Form	S		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Because International Corp

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

Part V | Supplemental Information

Because International provides in-kind grants in the form of The Shoe

That Grows. We track all distributions in our customized online software,

Salesforce, as distribution partners place orders for The Shoe That

Grows. Distribution partners also indicate where they are distributing

them upon order. Because International also provides entrepreneurship

training along with grant opportunities for select individuals.

Part I, line 3:

We use the book value of the total number of pairs of shoes that each

recipient received.

Part III, Col (c):

The estimated number of recipients is based on our internal records.

SCHEDULE I (Form 990)			arants and Oth vernments, ar					OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Compl	ete if the organizatio ► Go to www.ii	Attach to For				Open to Public Inspection
Name of the organization	Because I	nternatio		-				Employer identification number $26 - 4190308$
Part I General In	formation on Grants a	nd Assistance						
	ation maintain records t ward the grants or assis							
	V the organization's pro							
	d Other Assistance to at received more than S					anization answered "N	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ad	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a er of other organizations	0	•	e line 1 table				·········· È
3 Enter total number	U U							Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
The Shoe That Grows	10834	0.	122,424.	Book Value	The Shoe that Grows.
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

Part I, Line 2:

Because International provides in-kind grants in the form of The Shoe That

Grows. We track all distributions in our customized online software,

Salesforce, as distribution partners place orders for The Shoe That Grows.

Distribution partners also indicate where they are distributing them upon

order. Because International also provides entrepreneurship training along

with grant opportunities for select individuals.

SCHEDULE	ο
(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.



26-4190308

Because International Corp

Form 990, Part III, Line 4a, Program Service Accomplishments:

When we talk about using physical products as solutions, we're

referring to the entire life cycle of the product- from ideation to

creation, from manufacturing to distribution, from providing relief to

the end user while providing jobs and opportunity to those involved in

each stage of the product lifecycle.

Because International began with a simple idea: durable, growing

footwear developed for kids struggling to always have a pair of shoes

that fits. In addition to distributing footwear to kids around the

world, we've been committed to a production and distribution model that

creates opportunities for empowerment along the way.

2021 marked the initial production of a more durable, economical, and functional version of the shoe. Field tests produced encouraging results, and we wrapped up 2021 with a 6,000 pair order of the new version. Our network of partners and community members connected fundraising efforts with unmet needs worldwide with shoes going to Syrian refugees through our monthly giving program and school children in Kenya receiving new pairs of shoes through a partnership with Girl Scouts Troops nation-wide. The Shoe That Grows Program continues to provide relief for those most in need and we are excited to continue meeting needs and alleviating poverty with The Shoe That Grows.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Schedule O (Form 990) 2021	Page 2								
Name of the organization Because International Corp	Employer identification number $26-4190308$								
After informally helping a handful of them with their ideas and									
businesses, we realized that instead of trying to come up with more of									
our own ideas for product solutions, we could better achieve our									
mission by coming alongside others with their own product	ideas. It was								
at that point we decided to formally create the Because Ac	celerator – a								
10 week program focused on providing coaching, training, networking,									
and funding opportunities for social entrepreneurs with product-based									
ideas and businesses.									

2021 marked the refinement of the Because Accelerator program. With 2 cohorts ran of 11 and 15 entrepreneurs in the Spring and Fall cohorts, respectively, we paired entrepreneurs with business networks and coaching along with biweekly trainings, resulting in high-impact businesses. Drawing from lessons in 2020 we more strictly defined the types of businesses we accepted and what our metrics for success were. As of 2021, the accelerator resulted in 690 jobs being created with 671 of those jobs going to people living in poverty, and a 91% business survival rate at the end of the 2021.

Form 990, Part VI, Section A, line 2:

Andrew Kroes, Gary Howlett - Business Relationship

Form 990, Part VI, Section B, line 11b:

A copy of the Form 990 is emailed to all board members for final review

prior to submitting.

Form 990, Part VI, Section B, Line 12c:

Board members, officers and related parties are covered under the Conflict

of Interest Policy. The Board or a Board Committee has the power to

determine whether a conflict of interest exists and reviews the potential

conflict of interest. If a conflict of interest exists or has begun without

disclosure, appropriate disciplinary or corrective action may be taken as

appointed by the Board or Board Committee.

Form 990, Part VI, Section B, Line 15a:

Compensation for the President is reviewed and approved by the board of

directors using comparability data for reasonableness. This was last done

in December of 2021.

Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policy and financial statements

can be made available upon reasonable request. Original governing documents

can also be found on the Idaho Secretary of State website for public

viewing.

CARRYOVER DATA TO 2022

Name Because International Corp	Employer Identifica	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
Federal Post-2017 Net Operating Loss - Debt Financed	Rental	259.
Federal Net Positive ACE Adjustment		991.
Federal Pre-2018 Net Operating Loss		3,251.
Federal AMT Net Operating Loss		2,592.

Name:	Because Intern	national Corp								FEIN:	26-4190308
		t Financed Rem	ntal I Post-20	17 NO	DETAIL C	ARRYOVER SCH	EDULE				
Section	382 Annual Limitation		Section 382 Carryover	· · ·							
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Name:	Because Inter	national Corp								FEIN:	26-4190308
Type	Type and Entity: Net Positive ACE Adjustment FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
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Name	: Because Inter	national Corp								FEIN:	26-4190308
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Year Origi- nated	Original Carryover I Amount	Total Amount Used	Amount Used for								
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