EXTENDED THROUGH NOVEMBER 15, 2022

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A	ror ui	e 2021 calendar year, or tax year beginning and	ending			
В	Check if applicab	c Name of organization		D Employer identifi	cation number	
	Addre	AMERICAN EAGLE FOUNDATION				
	Name	Doing business as		58-16520	23	
	initia returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			
	Final return termi	P.O. BOX 333		865-429-	0011	
	termi ated	, i so the state of protinger of the sign postal code		G Gross receipts \$	7,466,838.	
	Amer	PIGEON FORGE, IN 3/868		H(a) Is this a group re	eturn '	
	Appli			for subordinates	? Yes X No	
	pendi	" SAME AS C ABOVE		H(b) Are all subordinates in		
1	ľax∙ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 52	·····	list. See instructions	
		te: WWW.EAGLES.ORG	<u> </u>	H(c) Group exemptio		
		organization: X Corporation Trust Association Other	I Ves		A State of legal domicile; TN	
	art I	Summary	L Ga	· or formation, #200]	At State of legal dofinities, T.14	
ds	1	Briefly describe the organization's mission or most significant activities: TO CO	MITNO	JE THE CARING	3,	
Governance		PROTECTION, & RESTORATION OF THE BALD EAG				
na L	2	Check this box if the organization discontinued its operations or dispos				
ş	3			3	10	
ගී	4	Number of independent voting members of the governing body (Part VI, line 1b)	************	4	10	
•ŏ	5	Total number of individuals employed in calendar year 2021 (Part V, line 1a)		5	25	
ä	6	Total number of valuntage (nationals if necessary)		<u>5</u>		
Activities &	7.	Total number of volunteers (estimate if necessary)		6	0	
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.	
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7ь	0.	
	_	•		Prior Year	Current Year	
ψ	8	Contributions and grants (Part VIII, line 1h)		1,106,109.	1,004,930.	
Revenue	9	Program service revenue (Part VIII, line 2g)		29,650.	432,497.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>473,347.</u>	2,333,125.	
ᇿ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,485.	-84,203.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,605,621.	3,686,349.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		194,336.	28,769.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	Г	0.	0.	
·γ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		951,251.	888,868.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ē.	b	Total fundraising expenses (Part IX, column (D), line 25) 98,64				
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		470,369.	647,312.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,615,956.	1,564,949.	
		Revenue less expenses. Subtract line 18 from line 12	······-	-10,335.	2,121,400.	
- ×		To ronde tode expended educated into 10 nontinte 12	n			
Net Assets or	20	Total assets (Part X, line 16)	P	eginning of Current Year 10,023,219.	End of Year	
88	21	Total liabilities (Part X, line 16)	·····		10,478,499.	
et e	22	Net assets or fund balances, Subtract line 21 from line 20	·····	9,276.	198,282.	
	irt II	Signature Block		10,013,943.	10,280,217.	
1						
tena	ei heud	Ities of perjum, declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is	
uue,	COLLEC	t, and complete. Declaration of prepar ar (other the n officer) is based on all information of whi	ich preparei	has any knowledge.		
		S/gnature of officer				
Sig		' /r' //		Date		
Her	e	JAMES ROGERS , TREASURER				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	i i	Date Check	PTIN	
Paid JILLIAN M. NEACE, CPA JILLIAN M. NEACE, CP 11/11/22 self-employed P01217						
Prep	arer	Firm's name COULTER & JUSTUS, P.C.			62-1532536	
Use	Only	Firm's address 9717 COGDILL ROAD				
		KNOXVILLE, TN 37932		Phone no. 86	5-637-4161	
May	the If	S discuss this return with the preparer shown above? See instructions			X Yes No	

Form 990 (2021)

Form 990 (2021) AMERICAN EAGLE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
^	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? [f "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? // "Yes," complete Schedule C, Part II	4		Х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-197 // "Yes," complete Schedule C, Part //	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ť		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	٦		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9_		Λ
	or in quasi endowments? If "Yes," complete Schedule D, Part V	4.0		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	10ava	Х
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	: Hereit		Marie)
u	Part III		**	
h	Part VI	11a	Х	
u	Did the organization report an amount for investments • other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		i	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1411		41
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			v
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
.,			•	**
8	column (A), lines 6 and 11e? // "Yes," complete Schedule G, Part I. See instructions	17		X
0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l	
	1c and 8a? /f "Yes," complete Schedule G, Part I/	18		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		<u>X</u> _
:0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
:1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
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Form 990 (2021) AMERICAN EAGLE FOUNDATION 58-1652023 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Х 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 Χ 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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 Х 25a 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 X 25b 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 X 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any Individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV Х 280 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Dld the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 24 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2021) AMERICAN EAGLE FOUNDATION
Part 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,			1				
1_	filed for the calendar year ending with or within the year covered by this return 2a 25		186	alasi'				
þ	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
0	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	The subject of the su	3b_						
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
1-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
α	If "Yes," enter the name of the foreign country							
<i>r</i>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	100						
	Security to a promoted tax stores transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
Oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
h	any contributions that were not tax deductible as charitable contributions?	6a	X					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			ł				
7	***************************************	6b	3.45	X				
a	Organizations that may receive deductible contributions under section 170(c).		ese.	14/43 b				
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization patify the depart of the value of the payor.	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ <u>.</u>				
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?							
ч		7c	1.2.4.5	X				
	If "Yes," Indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	144.45	53.67					
f	Did the organization during the year new promisime directly as indirectly as in directly as indirectly as in	7e		ļ				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		ļ				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7g						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	Agga	00,750,00				
	sponsoring organization have expess business holdings at any time during the years	3,000,000,000	1144214.7	12.5%				
9	Sponsoring organizations maintaining donor advised funds.	-8) (1.5 st.)					
а	Did the sponsoring organization make any taxable distributions under section 4966?	00						
b	Did the sponsoring organization make a distribution to a donor donor devicer or related managed	9a 9b						
0	Section 501(c)(7) organizations. Enter:	91)	3.556	31 (31)				
a	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
1	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross Income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		•				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	13.50						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O,							
þ	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							
C	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ŀ		<u>.</u> .				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.	MARK	14.5					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>				
	If "Yes," complete Form 4720, Schedule O.	12.63		1875				
	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?		ĺ					
	If "Yes," complete Form 6069.	17						
		1.34	100	19.36.3				

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			X
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 year1a10			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Asset NEXT
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	71.	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		2000
a	The governing body?	i in a second	v	\$144 × 5 4
b	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	d8	X	
-	organization's mailing address? # "Vos " provide the reserved of the Common De reached at the			
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T	
10a	Did the organization have local chanters, bronches, or affiliated		Yes	No
h	Did the organization have local chapters, branches, or affiliates?	10a		X
~	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
112	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 # CA h	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
מ	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	3050		34.14
ıza L	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		X
b	If "Yes," dld the organization follow a written policy or procedure requiring the organization to evaluate its participation	34.54		
	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	İ	
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ TN			
8	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) a	vailabl	е
	for public inspection. Indicate how you made these available. Check all that apply.	,, -		
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	flnanc	ial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JESSICA HALL - 865-429-0157			
	P.O. BOX 333, PIGEON FORGE, TN 37868			-

Form	990	(2021)	
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AMERICAN EAGLE FOUNDATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

X Check this box if neither the organization needs	or any related	orga	niza	tion	cor	nper	ısat	ed any current officer, d	irector, or trustee,	
(A) Name and title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
:	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated	Ť	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JESSICA HALL EXECUTIVE DIRECTOR	40.00					х		100 000		10 606
(2) JAMES MARIETTA	40.00	<u> </u>		-	-	^		100,890.	0.	12,686.
PRESIDENT		х		Х				0.	0.	0.
(3) SALLY MOORER	40.00									
SECRETARY (4) JAMES ROGERS	40.00	X		X	ļ	<u> </u>	_	0.	0.	0.
TREASURER	40.00	x		x			ļ	0.	0.	0.
(5) COURTNEY LEWIS DIRECTOR	20.00	х						0.	0.	
(6) MIKE JONES	20.00						<u> </u>			0.
(7) FRANK BASS III	20.00	Х				ļ		0.	0.	0.
DIRECTOR	20.00	х						0.	0.	0.
(8) JASON BOOTHE DIRECTOR	20.00	Х								
(9) JOHN STOKES	40.00						_	0.	0.	0.
VICE PRESIDENT	20100	Х		X				0.	0.	0.
(10) RAIN MOORE	20.00								.	
DIRECTOR		Х						0.	0.	0.
(11) LINDSAY ROGERS DIRECTOR	20.00	47								
DIRECTOR		X			_			0.	0.	0.

Tocodoli A. Officers, Directors, Trus	ees, Key Emp	рюус	ees,	anc	HIS	gnes	it C	ompensated Employee	s (continued)			
(A)	(B)	(C)		(D)	(E)			(F)				
Name and title	Average	Position (do not check more than one			Reportable Rep		le l		mated			
	hours per	box, unless person is both an		an	compensation compens				ount of			
	week	offic	officer and a director/trustee)		lee)	from from rela				ther		
	(list any	ector						the	organizatio	ons		ensation
	hours for	trustee or director	ده		ĺ	pa		organization	(W-2/1099-M	ISC/		m the
	related	ste c	uster			eusai		(W-2/1099-MISC/	1099-NE0			nization
	organizations	al tru	пап		oyee	dwo;		1099·NEC)			and	related
	below	Individual	Institutional trustee	, Ger	Key employee	loye	ner				organ	izations
	line)	E	ISI	Officer	že,	Highest compensated employee	Forr			l		
									-			
							_					
					_							
			1							İ		
										- 1		
			_				••••					
										l		
			\dashv									
												•
1b Subtotal						,. J		100,890.		0.	12	,686.
c Total from continuation sheets to Part VII,	Section A					J		0.		0.		0.
d Total (add lines 1b and 1c)	***************		,			1		100,890.		0.	12	,686.
2 Total number of individuals (including but no	t limited to the	ose	istec	d ab	ove)	who	rec		200 of reportab	ام		,
compensation from the organization					,			oortod more man φτου, ε	oo oi reportab	10		1
			****								- 1	1
3 Did the organization list any former officer, of	dirantar trunta	n 1					l. I I			r	Y	es No
line 102 K HV II	anector, truste	θ, κ	ey ei	mpic	oyee	or.	nıgr	nest compensated emple	oyee on		PERMIT IN	MAN PARKS
line 1a? If "Yes," complete Schedule J for su	ch individual			• • • • • •	•••						3	X
4 For any individual listed on line 1a, is the sur	n of reportable	cor	npei	nsat	ion a	and	othe	er compensation from th	e organization			
and related organizations greater than \$150,	000?	con	nple	te S	ched	dule	J fo	or such individual			4	X
o Did any berson listed on line 1s teceive of so	crue compens	satio	n tro	om a	เทy เ	unre	ate	d organization or individi	ual for services			
rendered to the organization? If "Yes." comp	lete Schedule	J fo	r suc	ch p	erso	n					5	Х
Section B. Independent Contractors		- MII		****	<u> </u>	., .,				******	<u> </u>	1 41
1 Complete this table for your five highest com	pensated inde	nen	den	t coi	ntrad	ctors	th:	at received more than \$1	100 000 of com			
the organization. Report compensation for th	ie calendar vo	ar on	ıdin	n wit	th a	e asiti	ala (the exeminations than ϕ		pensau	on from	
(A)	ie caleridar yea	ai ei	iulii	y WI	iii Of	WIG	1111		ar,			
Name and business a	ddress						- 1	(B)	t		(C)	
E&M	adross .						- -	Description of se	rvices .	Co	mpens	ation
										1		
PO BOX 152, JEFFERSON CITY	(, TN 37	776	0				C	CONSTRUCTION			527,	.000
CHARLES BLALOCK & SONS												
PO BOX 4750, SEVIERVILLE,	TN 3786	54					C	ONSTRUCTION			153.	121.
							T					
·	·						十					
									i	i		
							+					
								· · · · · · · · · · · · · · · · · · ·				
C. Total number of high												
2 Total number of independent contractors (inc	luding but not	Ilmi	ted	to th		liste	ed a	bove) who received mor	e than			
\$100,000 of compensation from the organiza	tion 🕨				2					Rough		

Statement of Revenue

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Related or exempt Total revenue Unrelated function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a b Membership dues 26,355, 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 365,700. f All other contributions, gifts, grants, and similar amounts not included above 1f 612,875. g Noncash contributions included in lines 1a-1f 36,000, 1g \$ h Total. Add lines 1a-1f 1,004,930 **Business Code** 2 a STATE LICENSE PLATES 453220 267,169 Program Service Revenue 267,169, EDUCATIONAL PROGRAMS/BIRD SHOWS 713990 165,328, 165,328, ¢ f All other program service revenue g Total. Add lines 2a-2f 432,497, investment income (including dividends, interest, and other similar amounts) 136,261, 136,261. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... 6b Rental income or (loss) 6с d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 5,872,291 assets other than inventory **b** Less: cost or other basis Other Revenue and sales expenses 7b 3,675,427 c Gain or (loss) 7c 2,196,864, d Net gain or (loss) 2,196,864, 2196864 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross Income from gaming activities, See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 20,859 b Less: cost of goods sold 105,062 10b -84,203. c Net income or (loss) from sales of inventory -84,203, **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions 3,686,349, 348 294. 12 2333125,

Form 990 (2021) AMERICAN EAGLE FOUNDATION
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do 7b,	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	28,769.	28,769.		
2	Grants and other assistance to domestic		20,700.		
	individuals. See Part IV, Ilne 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	794,332.	675,182.	79,433.	20 71
6	Compensation not included above to disqualified		0,0,2021	12, 33,	39,71
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruats and contributions (Include				
	section 401(k) and 403(b) employer contributions)	8,559.	7,275.	857.	42"
9	Other employee benefits	18,734.	15,924.	1,873.	935
10	Payroll taxes	67,243.	57,157.	6,724.	3,362
11	Fees for services (nonemployees):			0,723.	3,302
а	Management				
b	Legal				
c					
d					
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	111,633.	30,250.	73,883.	7 500
12	Advertising and promotion	49,837.	9,992.	,	7,500 39,845
13	Office expenses				37,0%
14	Information technology				
15	Royalties				
16	Occupancy	149,917.	129,546.	15,321.	5,050
17	Travel	54,568.	54,568.	10,021.	3,030
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreclation, depletion, and amortization	34,569.		34,569.	
23	Insurance	75,627.	65,251.	8,570.	1,806
<u>4</u>	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule ().)				
a	SUPPLIES	71,690.	71,690.		
b	VETERINARY SERVICES	34,712.	34,712.		
C	OTHER EXPENSES	33,463.	3,183.	30,280.	
d	REPAIRS & MAINTENANCE	31,296.	12,401.	18,895.	
е	All other expenses	,			-
	Total functional expenses. Add lines 1 through 24e	1,564,949.	1,195,900.	270,405.	98,644
	Joint costs. Complete this line only if the organization		, , , , , , , , , , , , , , , , ,	2/0/2001	JU,044
	reported in column (B) joint costs from a combined	Ī			
	educational campaign and fundraising solicitation.		ļ		
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
<u> </u>		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	540,012.	1	2,433,418.
2	Savings and temporary cash investments		2	
3	Pleages and grants receivable, net		3	
4	Accounts receivable, net	0.	4	365,700.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined		100	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ध्र 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use	104,953.	8	0.
` 9	Prepaid expenses and deferred charges	1	9	
10a	Land, buildings, and equipment: cost or other		11.4.5	
	basis. Complete Part VI of Schedule D 10a 1,993,689			
b	Less: accumulated depreciation10b 442,970	855,784.	10c	1,550.719.
11	Investments - publicly traded securities	8,468,326.	11	1,550,719. 6,077,633.
12	Investments - other securities. See Part IV, line 11		12	
13 '	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	54,144.	15	51,029.
16	Total assets, Add lines 1 through 15 (must equal line 33)	10,023,219.	16	10,478,499.
17	Accounts payable and accrued expenses	9,276.	17	49,168.
18	Grants payable		18	
19	Deferred revenue		19	149,114.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
y 22	Loans and other payables to any current or former officer, director,			
Ě	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total Ilabilities, Add lines 17 through 25	9,276.	26	198,282.
	Organizations that follow FASB ASC 958, check here X			AND REAL PROPERTY.
8	and complete lines 27, 28, 32, and 33.			
<u>5</u> 27	Net assets without donor restrictions	222,058.	27	1,594,256.
28	Net assets with donor restrictions	9,791,885.	28	8,685,961.
<u> </u>	Organizations that do not follow FASB ASC 958, check here			
<u> </u>	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	•
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or rund balances 2 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 3 3 3	Total net assets or fund balances	10,013,943.	32	10,280,217.
33	Total liabilities and net assets/fund balances	10,023,219.	33	10,478,499.
			50	Form 990 (2021

Both consolidated and separate basis

Х

2c

X Separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number AMERICAN EAGLE FOUNDATION 58-1652023 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I, A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. _____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other your governing documen (described on lines 1-10 organization support (see Instructions) support (see instructions) Yes above (see instructions))

(Form 990) 2021 AMERICAN EAGLE FOUNDATION 58-1652 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	/-\ 000d	(A) T
	Gifts, grants, contributions, and		(~) <u>,</u>	(0) 2010	(u) zozo	(e) 2021	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	1022098.	1034901.	1130728.	1043147.	1004930.	5235804.
2	Tax revenues levied for the organ-					1004230.	3233004.
	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				į		
	the organization without charge						'
4	Total, Add lines 1 through 3	1022098.	1034901.	1130728.	1043147.	1004930.	5235804.
5	The portion of total contributions						<u> </u>
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4,						5235804.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1022098.	1034901.	1130728.	1043147.	1004930.	5235804.
8	Gross income from Interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	905,796.	-419,487.	1482284.	473,347.	136,261.	2578201.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		i			,	
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						7814005.
	Gross receipts from related activities,				************************	12	
13	First 5 years. If the Form 990 is for th						
Sec	organization, check this box and stop	here Dans					>
	tion C. Computation of Public	c aupport Perc	rentage			· · · ·	
14	Public support percentage for 2021 (li	ne 6, column (f), div	vided by line 11, co	olumn (f))		14	67.01 %
160	Public support percentage from 2020	Schedule A, Part II	, line 14			15	<u>44.05 %</u>
iva	33 1/3% support test - 2021. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
ь	stop here. The organization qualifies a	as a publicly suppo regnization did not	rted organization				X
~	33 1/3% support test - 2020. If the o and stop here, The organization quali	fies as a nublicly or	Innorted organization	ie io di iba, and l	me 15 is 33 1/3%	or more, check this	box
17a	10% -facts-and-circumstances test	- 2021 If the orga	ipporteu organizat nization did not al	ton	40 40 401		
	and if the organization meets the facts	and-circumstance	enzation did Not Ci stast chack this k	ion and stantion	io, toa, of tob, al	10 IIN9 14 I\$ 10% O	r more,
	meets the facts-and-circumstances tes	st. The organization	o coog on c on mis t	intrelinantad			
b	10% -facts-and-circumstances test	- 2020. If the ords	nization did not el-	mory aupported org seck a hov on line	yanızadon 13:16a 16b ar 1:	70 and line 15 to 11	
	more, and if the organization meets th	e facts-and-circums	stances test ichect	this have end as-	io, iod, iod, of] in hara Evalais is	/ a, and IINO 15 (\$ 1) . Doct VI barrisha	uze or
	organization meets the facts and circu	mstances test. The	organization quali	fies as a nublicity s	in nere, explain in	ran viriow (Ne ation	▶ □
18	Private foundation, If the organization	n did not check a b	ox on line 13. 16a	55 at a publicity s	check this how an	d saa instructions	
				,,			Form 990) 2021

Schedule A (Form 990) 2021 AMERICAN EAGLE FOUNDATION 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 inlease complete Part II.)

Section A. Public Support	ASION, PICAGO CONTI	лосот актиј		***		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(a) Lo ((13) 2.010	(0) 2013	10) 2020	(e) 2021	(f) Total
membership fees received. (Do not						
include any "unusual grants.")					1	
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-	İ					
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expanded 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1		
3 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 📂	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,	i '					
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						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other Income. Do not include gain						.,,
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	<u> </u>	
14 First 5 years. If the Form 990 is for the						
check this box and stop here			*******************			
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2021 (iine 8, column (f), di	ivldəd by line 13, c	olumn (f))		15	%
16 Public support percentage from 2020	Schedule A. Part I	III. line 15			16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20			ne 13 column (A)		17	0.4
18 Investment income percentage from	anan Cabadula A	on (i), aivided by III Dart III. II:: 17	io (o, column (l))	***************************************		
18 Investment income percentage from	ZUZU SCHEQUIE A, I	rant III, IING 17			18	<u>%</u>
19a 33 1/3% support tests - 2021. If the						is not
more than 33 1/3%, check this box as						▶□
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orgar	nization qualifies a	s a publicly suppo	rted organization	▶□
20 Private foundation. If the organization	n did not check a l	box on line 14, 19a	, or 19b, check th	is box and see ins	tructions	

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

- 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.
- 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.)

	1	Τ
C	Yes	No
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3a		
3b		
3c		
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	1941,000	
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10b	·	

	(W. M. Way)			
11	Has the organization excepted a aith an exactly allow to		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	(1000)	843.5	
h	11c below, the governing body of a supported organization?	11a		
ν υ	A family member of a person described on line 11a above?	11b		
·	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	144 141	1 . 1	
Sec	<u>detall in</u> Part VI. otion B. Type I Supporting Organizations	11c		
1	Did the governing hady members of the governing hady affice and the state of the governing hady members of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing hady affice and the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had the state of the governing had th	First Action	Yes	No
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	10000000		
	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 now the powers to appoint and/or remove officers, directors, or trustees were allocated among the	Viet stars	and the state of	1544
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit corried out the purposes of the survey of the surve			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	1 14 1 1 1 1 1		141, 144
Sec	tion C. Type II Supporting Organizations	2	<u></u>	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	140,500,50	Yes	No_
	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	N. V. N. S.		
	the supported organization(s).	4	44.4 14.1	1
Sec	tion D. All Type III Supporting Organizations	111		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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 (ill) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		N. I.	30.50
	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	ĺ	
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			
200	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	h.		
, a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structions		
2 a	Activities Test. Answer lines 2a and 2b below.	1954 1954	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		V	
	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.		red tillege	31/11/19 N
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		3,3,5,3
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			34
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		******
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	<u> 40</u>	14,50	344 3
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		445	11; 1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2021 AMERICAN EAGLE FOUNDAT	5	8-1652023 Page 6	
ГЬЯ	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (<i>explain in</i> F	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst 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	Recoverles 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	lon B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	in i		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		the agreement of the extension of the agreement
	Average monthly cash balances	1b		
_ c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0,035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-function		ted Type III supporting organ	ization (see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

b Excess from 2018c Excess from 2019d Excess from 2020e Excess from 2021

Schedule A	(Form 990) 2021	AMERICAN	EAGLE	FOUNDA'	LTON		58-1652023	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 30, 30, 40, 40, lines 2 and 3: Part	่ 5a, 6, 9a, 9t : IV. Section I	o, 90, 11a, 111 E. lines 1c. 2a	o, and TTC; Part r i. 2b. 3a. and 3b:	v, Section B, lines Part V. line 1: Par	or 17b; Part III, line 12; 1 and 2; Part IV, Section IV, Section B, line 1e; P	n C
, , , , , , , , , , , , , , , , , , , ,	(See Instructions.)							
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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

Schedule B (Form 990) (2021)

AMERICAN EAGLE FOUNDATION

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

Employer identification number

	AMERICAN EAGLE FOUNDATION	58-1652023					
Organization type (chec							
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 found	lation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1					
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule, See instructions.					
	ation filing Form 990, 990 EZ, or 990 PF that received, during the year, contributi any one contributor. Complete Parts I and II. See instructions for determining a c						
Special Rules							
sections 509(a) contributor, dui	ation described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am EZ, line 1. Complete Parts I and II.	, or 16b, and that received from any one					
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that receiving the year, total contributions of more than \$1,000 exclusively for religious, che cational purposes, or for the prevention of cruelty to children or animals. Comple in (b) instead of the contributor name and address), II, and III.	naritable, scientific,					
year, contributi is checked, ent purpose, Don't	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Sch line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its Fo filing requirements of Schedule B (Form 990).	hedule B (Form 990), but it must					

AMERICAN EAGLE FOUNDATION

58-1652023

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	DOLLYWOOD 2700 DOLLYWOOD PARKS BLVD PIGEON FORGE, TN 37863	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	D.G. YUENGLING & SON INC. 420 MAHANTONGO ST. & S 5TH ST. POTTSVILLE, PA 17901	\$41,943.	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	DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVE NW WASHINGTON D.C., DC 20220	\$365,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DOLLYWOOD 2700 DOLLYWOOD PARKS BLVD PIGEON FORGE, TN 37863	\$ 36,000.	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions,)

Employer Identification number

AMERICAN EAGLE FOUNDATION

58-1652023

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	idditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	IN-KIND CONTRIBUTION - USE OF AVIARY AND ADMINISTRATIVE FACILITES		
		\$36,000.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	*****
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) · No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021) Name of organization Employer identification number AMERICAN EAGLE FOUNDATION 58-1652023 Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year, (Enter this into, once.) 🕨 \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN EAGLE FOUNDATION

Employer identification number 58-1652023

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, IIn		5,511,51510 11 4.15
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		4
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
		Expression and the second seco	
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV. line 7.
1	Purpose(s) of conservation easements held by the organization	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat	·	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
d	•		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	· ·	
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rel		
	year ▶	,	J
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	- · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	> \$,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemen	nts that describes the
	organization's accounting for conservation easements,	•	
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these Items	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and be	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$ _ ·

2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1		🕨 💲
b	Assets Included in Form 990, Part X		

	rart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
Par									(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignificant use	of its		
	collection Items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research								•	
С	Preservation for future generations				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
4	Provide a description of the organization's co	allections and explain	n how th	ev further ti	na organizatio	inie avai	mnt nurnaea	in Dort	VIII	
5	During the year, did the organization solicit o							IIII ait	VIII)	
·	to be sold to raise funds rather than to be ma							_	٦٧	
Pal	t IV Escrow and Custodial Arrang	nements Compi	oto it the	ization's co	mecuon			<u>L</u>	_ Yes	No
	reported an amount on Form 990, Par	t X line 21	ete ii me	organizatio	ni answered	res or	1 FORM 990, 1	art IV,	line 9, or	
										······································
18	Is the organization an agent, trustee, custodi							_	7	<u></u>
	on Form 990, Part X?							L	」Yes	L No
a	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:						
									Amount	
С	Beginning balance					· · · · · · · · · · · · · · · · · · ·	<u>1c</u>		····	
d	Additions during the year		************			,	1d			
е	Distributions during the year	*************************		*************			<u>1e</u>			
f	Ending balance	•••••		***********			11			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or co	ustodiał acco	unt liabi	lity?	\square	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	cplanatio	n has been	provided on	Part XIII			,	
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three yea	ırs back	(e) Four y	ears back
1a	Beginning of year balance									· · · · · · · · · · · · · · · · · · ·
b	Contributions	, , , , , , , , , , , , , , , , , , ,								
c	Net investment earnings, gains, and losses	, , , , , , , , , , , , , , , , , , , ,								
d	Grants or scholarships									
	Other expenditures for facilities									
Ü	•									
	and programs									·
1	Administrative expenses				+					•
g	End of year balance		1						<u> </u>	
2	Provide the estimated percentage of the curr			, column (a	i)) held as:				•	
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С		%								
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	nd administer	ed for th	ne organizatio	on		
	by:								Y	es No
	(i) Unrelated organizations		***********					**********	3a(i)	
	(ii) Related organizations			**********			****		3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm								***	٠
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10,			
	Description of property	(a) Cost or c			t or other		ccumulated		(d) Book	value
		basis (investr			(other)		preciation		(u) Doon	, u,u o
	Land		· · ·		5,000.	Name of the second		535	615	,000.
	Buildings				1,951.		117,292			,659.
	Leasehold improvements			<u> </u>	<u> </u>			' • 	エンチ	,000.
Ü				ງ ກ	9,538.		325,678	-	06	1/0
d	Equipment		· ·		7,200.		JAJ,0/6	' 		<u>,140.</u>
	Other									,200.
rotal	, Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colum	n (B). line 1	Oc.)			<u> </u>	1,550	<u>, / 19 • </u>

I Dort VIII	Investments -	All - "	0
I Mail VIII	mivesimenis =	mer	Securities
	11110011101110	O \$1 101	CCCALLECO.

		-of-vear market value
		,te

n Form 990, Part IV, line		•
(b) Book value	(c) Method of valuation: Cost or end	·of-year market value
······································		
	The state of the s	
	11d. See Form 990, Part X, line 15.	
escription		(b) Book value
	· · · · · · · · · · · · · · · · · · ·	
		
- ·		
in only 550, Fart IV, IIII	7 110 01 111. 000 FOITH 950, FAIT A, IING 25.	(b) Book value
		(b) DOOK VAIGE
,		
· ·		
25.1	>	
	n Form 990, Part IV, line (b) Book value n Form 990, Part IV, line escription	n Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end n Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990,

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

2011

Open to Public Inspection

Name of the organization

AMERICAN EAGLE FOUNDATION

Employer identification number

58-1652023

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of d noncash contrib	letermining	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities · Closely held stock			1 13 11 4 11 11 11 11 11 11 11 11 11 11 11 1			
11	Securities · Partnership, LLC, or						
	trust interests					•	
12	Securities · Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate · Residential						
16	Real estate - Commercial						
17	Real estate · Other	X	1	36,000.	FMV	······································	
18	Collectibles		.,				
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy					,	
22	Historical artifacts						
23	Scientific specimens	-					
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organi		•	1 1			
	for which the organization completed Form 82	83, Part V, E	onee Acknowledg	ement <u>29</u>			
~~	5					Yes	No
30a	During the year, did the organization receive b						
	must hold for at least three years from the date			•		Sejari Alaha	*************************************
	exempt purposes for the entire holding period	<i>'</i>	***************************************			30a	X
	If "Yes," describe the arrangement in Part II.			_£	Nama O	1 2000 0000	v
31	Does the organization have a gift acceptance				***************************************	31	X
32a	Does the organization hire or use third parties contributions?		-	·		32a	X
þ	If "Yes," describe in Part II.				•	東京 芸芸	
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of property	for which column (a) is che	cked,		
	describe in Part II.		· .				

scheanle M	(Form 990) 2021 AMERICAN	EAGLE FOUNDATION	<u> 58-1652023 Раде 2</u>
Part II	Supplemental Information. is reporting in Part I, column (b), the this part for any additional information.	Provide the information required by Part I, lines 30b, 3 number of contributions, the number of items received on.	2b, and 33, and whether the organization i, or a combination of both. Also complete

	<u> </u>		
		1,	
		·	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN EAGLE FOUNDATION

Employer Identification number 58-1652023

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPECIES AND TO EDUCATE THE PUBLIC ABOUT THESE BIRDS.
FORM 990, PART VI, SECTION A, LINE 7B:
ALL DECISIONS ARE MADE AND APPROVED AT THE BOARD LEVEL.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 WAS PROVIDED AND REVIEWED BY THE PRESIDENT AND THE
TREASURER PRIOR TO THE FILING OF THE TAX RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND ARE
AWARE TO REPORT ANY POTENTIAL CONFLICT OF INTEREST OF THEMSELVES AND TO
REPORT ANY CONFLICT THAT THEY MAY SUSPECT OF OTHER BOARD MEMBERS TO THE
BOARD.
FORM 990, PART VI, SECTION B, LINE 15:
ALL SALARIES OF KEY PERSONNEL ARE APPROVED AT THE BOARD LEVEL.
FORM 990, PART VI, SECTION C, LINE 19:
ALL FINANCIAL STATEMENTS, CONFLICT OF INTEREST AND GOVERNING DOCUMENTS ARE
AVAILABLE ON SITE AND ARE MAINTAINED BY THE PRESIDENT.
FORM 990, PART XII, LINE 2C
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE 2021 TAX YEAR.

Schedule O (Form 990) 2021	Page 2
Name of the organization AMERICAN EAGLE FOUNDATION	Employer identification number 58-1652023
	J0 1032023
·	
FORM 990, PAGE 9, PART VIII, LINE 1E	
REVENUE LISTED AS GOVERNMENT GRANTS CONSISTS OF EMPLOYEE R	ETENTION
CREDIT REFUNDS REQUIRED TO BE REPORTED ON THIS REVENUE LIN	
	E CATHER THAN
ACTUAL GOVERNMENT GRANT AWARDS.	
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