Form **990-PF**

EXTENDED TO NOVEMBER 15, 2021 **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information.



Department of the Treasury For calendar year 2020 or tax year beginning and ending Name of foundation A Employer identification number ENTHUSE MARKETING GROUP FOUNDATION C/O INDUSTRIOUS NYC MANAGER INDOX LLC 83-1256631 Number and street (or P.O. box number if mail is not delivered to street address Room/suite **B** Telephone number 31 HUDSON YARDS 11 FL212-832-0400 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NEW YORK, NY 10001 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ...▶ 17,330. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received 52,300. N/Aif the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 52,300. 0. Total. Add lines 1 through 11 12 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Administrative Expenses 16a Legal fees **b** Accounting fees c Other professional fees STMT 1 177. 0. 177 17 Interest 18 Taxes Depreciation and depletion 19 Occupancy 20 21 Travel, conferences, and meetings Operating and 22 Printing and publications 23 Other expenses STMT 2 31,626. 31,626. 0. 24 Total operating and administrative 31,803 0. 31,803 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0. 31,803. 31,803 Add lines 24 and 25 27 Subtract line 26 from line 12: 20,497. a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A

LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

| For | m 99 | 0-PF (2020) C/O INDUSTRIOUS NYC MANA | GER INDOX LLC | 83-1 | L 256631 Pa | age 2 |
|------------------|------|---|-------------------|--------------------|-----------------------|--------------|
| П | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year | |
| F | ai t | column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value | ! |
| | 1 | Cash - non-interest-bearing | 4,363. | 17,330. | 17,33 | 0. |
| | | Savings and temporary cash investments | • | | | |
| | | Accounts receivable ▶ | | | | |
| | ٠ | Less: allowance for doubtful accounts | | | | |
| | 4 | | | | | |
| | 4 | Pledges receivable | | | | |
| | _ | Less; allowance for doubtful accounts | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | | disqualified persons | | | | |
| | 7 | Other notes and loans receivable | | | | |
| | | Less: allowance for doubtful accounts \rightarrow | | | | |
| ठ | 8 | Inventories for sale or use | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | |
| Ä | | Investments - U.S. and state government obligations | | | | |
| | b | Investments - corporate stock | | | | |
| | | Investments - corporate bonds | | | | |
| | | Investments - land, buildings, and equipment: basis | | | | |
| | | Less: accumulated depreciation | | | | |
| | 12 | Investments - mortgage loans | | | | |
| | | | | | | |
| | 13 | Investments - other | | | | |
| | 14 | Land, buildings, and equipment: basis | | | | |
| | | Less: accumulated depreciation | | | | |
| | | Other assets (describe) | | | | |
| | 16 | Total assets (to be completed by all filers - see the | 4 262 | 45 222 | 4 | ^ |
| | | instructions. Also, see page 1, item I) | 4,363. 19,355. | 17,330. 12,250. | 17,33 | 0. |
| | 17 | Accounts payable and accrued expenses | 19,355. | 12,250. | | |
| | 18 | Grants payable | | | | |
| Ś | 19 | Deferred revenue | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| abi | 21 | Mortgages and other notes payable | | | | |
| ت | 22 | Other liabilities (describe > CREDIT CARD PAYABL) | 425. | 0. | | |
| | | ` | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 19,780. | 12,250. | | |
| | | Foundations that follow FASB ASC 958, check here | • | , | | |
| " | | and complete lines 24, 25, 29, and 30. | | | | |
| ĕ | 24 | Net assets without donor restrictions | | | | |
| <u>a</u> | 25 | | | | | |
| or Fund Balances | 20 | Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here X | | | | |
| Б | | | | | | |
| 교 | | and complete lines 26 through 30. | 0. | 0. | | |
| ō | 26 | Capital stock, trust principal, or current funds | 0. | 0. | | |
| ets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| Ass | 28 | Retained earnings, accumulated income, endowment, or other funds | -15,417. | 5,080. | | |
| Net Assets | 29 | Total net assets or fund balances | -15,417. | 5,080. | | |
| Z | | | 4 252 | 4.7.000 | | |
| _ | 30 | Total liabilities and net assets/fund balances | 4,363. | 17,330. | | |
| P | art | III Analysis of Changes in Net Assets or Fund Ba | lances | | | |
| Ξ | | | 20 | 1 1 | | |
| | | net assets or fund balances at beginning of year - Part II, column (a), line 2 | | | 1 - 41 | 7 |
| | | st agree with end-of-year figure reported on prior year's return) | | | -15,41 | |
| | | r amount from Part I, line 27a | | | 20,49 | |
| | | · · · · · · · · · · · · · · · · · · · | | | | 0. |
| | | lines 1, 2, and 3 | | | 5,08 | |
| | | eases not included in line 2 (itemize) | | 5 | | 0. |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, col | umn (b), line 29 | 6 | 5,08 | |
| | | | | | Form 990-PF (2 | 2020) |

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Form 990-PF (2020)

ENTHUSE MARKETING GROUP FOUNDATION C/O INDUSTRIOUS NYC MANAGER INDOX LLC

| Part IV | Capital Gains a | and Losses for Tax on Inv | estment Income | | | |
|---|------------------------------|--|--|-----------------------------------|---|-------------------------|
| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
| 1a | | | | | | |
| b | NO | NE | | | | |
| C | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | | | (g) Cost or other basis plus expense of sale | | (h) Gain or (loss ((e) plus (f) minus | |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| Comple | te only for assets showin | g gain in column (h) and owned by th | ne foundation on 12/31/69. | | (I) Gains (Col. (h) gain | minus |
| (i) FN | /IV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | col. (k), but not less tha Losses (from col. (| n -0-) or h)) |
| a | | | | | | |
| | | | | | | |
| C | | | | | | |
| d | | | | | | |
| <u>е</u> | | | | | | |
| 2 Capital g | ain net income or (net ca | pital loss) { If gain, also enter If (loss), enter -0- | in Part I, line 7 in Part I, line 7 | 2 | | |
| | lso enter in Part I, line 8, | es) as defined in sections 1222(5) and column (c). See instructions. If (loss | d (6): | } | | |
| Part V | | nder Section 4940(e) for I | Reduced Tax on Net | | come | |
| Turt | | ON 4940(e) REPEALED O | | | | |
| 1 Reserve | | | | | | |
| 1 11030170 | | (6) | | (a) | | (d) |
| | (a) Reserved | (b) Reserved | Ī | (c) Reserved | Re | (d) eserved |
| | Reserved | | | | | |
| | Reserved | | | | | |
| | Reserved | | | | | |
| | Reserved | | | | | |
| | Reserved | | | | | |
| 2 Reserved | j | | | | 2 | |
| 3 Reserved | j | | | | 3 | |
| | | | | | | |
| | | | | | | |
| 5 Reserved | j | | | | 5 | |
| 6 Reserved | 1 | | | | 6 | |
| 7 Reserved | j | | | | 7 | |
| 8 Reserved | | | | | 8 | |

C/O INDUSTRIOUS NYC MANAGER INDOX LLC

| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4 | 1948 - see | instr | uction | s) | | |
|--|---|------------------|-------|--------|----|-----|----|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | <u> </u> | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instruction | s) | | | | | |
| b Reserved | | | | | | | 0. |
| | All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% | | | | | | |
| | of Part I, line 12, col. (b) | J | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | | | 0. |
| 6 | Credits/Payments: | | | | | | |
| | 2020 estimated tax payments and 2019 overpayment credited to 2020 6a | 0. | | | | | |
| | Exempt foreign organizations - tax withheld at source 6b | 0. | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) | 0. | | | | | |
| | Backup withholding erroneously withheld 6d | 0. | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 7 | | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 8 | | | | 0. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 9 | | | | 0. |
| 10 | , | | 10 | | | | |
| | | Refunded ► | 11 | | | | |
| | art VII-A Statements Regarding Activities | | | | | Yes | No |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participa | | | | | 162 | |
| | any political campaign? | | | | 1a | | X |
| D | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instruction | | ition | | 1b | | |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials publish | ea or | | | | | |
| | distributed by the foundation in connection with the activities. | | | | 4. | | v |
| c Did the foundation file Form 1120-POL for this year? | | | | | | | X |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | 0. | | | | | |
| _ | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ | | • | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundations. ► \$ 0. | illuation | | | | | |
| 0 | managers. ► \$ 0 . Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | | 2 | | Х |
| 2 | If "Yes," attach a detailed description of the activities. | | | | | | 21 |
| 2 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in | corporation o | r | | | | |
| J | | - | | | 3 | | Х |
| | | | | | 4a | | X |
| | of If "Yes," has it filed a tax return on Form 990-T for this year? | | | | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | 5 | | Х |
| • | If "Yes," attach the statement required by General Instruction T. | | | | | | |
| 6 | | | | | | | |
| • | By language in the governing instrument, or | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict | t with the state | law | | | | |
| | remain in the governing instrument? | | | | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and | l Part XV | | | 7 | Х | - |
| | | •••• | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | | | | |
| | NY | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or desi | ignate) | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | 8b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4943 | | | . [| | | |
| | year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV | | | | 9 | | Х |
| | | | | 10 | x | | |

| Part VII-A Statements Regarding Activities (continued) | | | |
|--|----------------|------|----------------|
| | | Yes | No |
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | x |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | 10 | | x |
| , | | Х | <u> </u> |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Λ | <u> </u> |
| Website address ► N/A *** The body of the state of the | 022 0 | 400 | |
| 14 The books are in care of ENTHUSE MARKETING GROUP, LLC Telephone no. 212- | 06854 | 400 | |
| | | | $\overline{}$ |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ▶ | • |
| and enter the amount of tax-exempt interest received or accrued during the year | | I/A | N ₂ |
| At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| securities, or other financial account in a foreign country? | 16 | | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| foreign country | | | |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | 1.7 | |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a During the year, did the foundation (either directly or indirectly): | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 0 | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| a disqualified person? $oxed{oxed}$ Yes $oxed{oxed{X}}$ N | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 0 | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 0 | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| for the benefit or use of a disqualified person)? $oxed{X}$ N | 0 | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| termination of government service, if terminating within 90 days.) | 0 | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | . 1b | | |
| Organizations relying on a current notice regarding disaster assistance, check here | | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| before the first day of the tax year beginning in 2020? | 1c | | Х |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines | | | |
| 6d and 6e) for tax year(s) beginning before 2020? | | | |
| If "Yes," list the years > | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| statement - see instructions.) N/A | 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| during the year? Yes X N | | | |
| b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | | | |
| Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A | 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | х |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| had not been removed from jeopardy before the first day of the tax year beginning in 2020? | 4b | | х |
| , | Form 99 | 0-PF | |

| ENTHUSE MARKETING GROUP | | | 00 10566 | 2.4 | |
|--|---|-----------------------------------|--|------------------|--------|
| orm 990-PF (2020) C/O INDUSTRIOUS NYC MANA | | | 83-12566 | 31 | Page (|
| Part VII-B Statements Regarding Activities for Which F | orm 4/20 May Be Re | equired (continu | ued) | 137 | |
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Ye | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | | | | | |
| any voter registration drive? | | L Ye | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y6 | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | |
| 4945(d)(4)(A)? See instructions | | Ye | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | | | | | |
| the prevention of cruelty to children or animals? | | 🔲 Ye | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | ıctions | | N/A ! | 5b | |
| Organizations relying on a current notice regarding disaster assistance, check h | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it maintain | ned | | | |
| expenditure responsibility for the grant? | N | /A Ye | es 🔲 No | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | |
| a personal benefit contract? | | Ye | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 3b | X |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y6 | es X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | table to the transaction? | | N/A | 7b | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | | | | | |
| excess parachute payment(s) during the year? | | 🔲 Ye | es X No | | |
| Part VIII Information About Officers, Directors, Truste | es, Foundation Man | agers, Highly | | | |
| Paid Employees, and Contractors | | | | | |
| List all officers, directors, trustees, and foundation managers and the | neir compensation. | | | | |
| (-) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Ex accoun | pense |
| (a) Name and address | to position | enter -0-) | and deferred compensation | allow | ances |
| KIMBERLY PULCZINSKI | DIRECTOR | | | | |
| 0 WASHINGTON STREET | | | | | |
| NORWALK, CT 06854 | 0.00 | 0. | 0. | | 0. |
| KRISTY SNYDER | DIRECTOR | | | | |
| 0 WASHINGTON STREET | | | | | |
| NORWALK, CT 06854 | 0.00 | 0. | 0. | | 0. |
| LISA PETRELLA | DIRECTOR | | | | |
| 0 WASHINGTON STREET | | | | | |
| NORWALK, CT 06854 | 0.00 | 0. | 0. | | 0. |
| CLAY SAMAROO | CHIEF FINANCI | AL OFFICE | R | | |
| 0 WASHINGTON STREET | | | | | |
| NORWALK, CT 06854 | 0.00 | 0. | 0. | | 0. |
| Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, e | enter "NONE." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Ex accoun | pense |
| (a) Hame and address of each employee paid more than \$00,000 | devoted to position | (C) Compensation | and deferred compensation | | ances |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| |] | | | | |

Total number of other employees paid over \$50,000

| Part VIII Information About Officers, Directors, Trustees, Fou Paid Employees, and Contractors (continued) | ndation Managers, Highly | |
|---|--------------------------|------------------|
| 3 Five highest-paid independent contractors for professional services. If none, | enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | -1 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers | | Expenses |
| 1 | | |
| SEE STATEMENT 5 | | 31,804. |
| 2 | | 31,004. |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| Dart IV D C | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax ye | ear on lines 1 and 2 | Amount |
| 1 N/A | Ar on mile yand Ei | 7 illiount |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | 0. |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, see | instructions.) |
|----|--|-------------------|----------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | 28,584. |
| | Fair market value of all other assets | 1c | |
| | Total (add lines 1a, b, and c) | 1d | 28,584. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 28,584. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 429. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 28,155. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,408. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at | nd certain | |
| | foreign organizations, check here 🕨 🔃 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,408. |
| 2a | Tax on investment income for 2020 from Part VI, line 5 | | |
| b | Income tax for 2020. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,408. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,408. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 1,408. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 31,803. |
| | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 31,803. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 31,803. |
| | Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation | qualifies for the | section |

Form **990-PF** (2020)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
|--|----------------------|----------------------------|-------------|----------------------|
| 1 Distributable amount for 2020 from Part XI, line 7 | | | | 1,408. |
| 2 Undistributed income, if any, as of the end of 2020: | | | | |
| a Enter amount for 2019 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2020: | | <u> </u> | | |
| a From 2015 | | | | |
| b From 2016 | | | | |
| c From 2017 | | | | |
| d From 2018 66,957. | | | | |
| e From 2019 114,379. | | | | |
| f Total of lines 3a through e | 181,336. | | | |
| 4 Qualifying distributions for 2020 from | | | | |
| Part XII, line 4: ► \$ 31,803. | | | | |
| a Applied to 2019, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Flooting and and inches) | 0. | | | |
| d A = 15 d d = 0000 distributable assessed | <u> </u> | | | 1,408. |
| d Applied to 2020 distributable amount | 30,395. | | | 1,400. |
| e Remaining amount distributed out of corpus Excess distributions carryover applied to 2020 | 30,393. | | | |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | 211,731. | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 211,/31. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2019. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2020. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must be distributed in 2021 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2015 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2021. | | | | |
| Subtract lines 7 and 8 from line 6a | 211,731. | | | |
| 0 Analysis of line 9: | | | | |
| a Excess from 2016 | | | | |
| b Excess from 2017 | | | | |
| c Excess from 2018 66,957. | | | | |
| d Excess from 2019 114,379. | | | | |
| e Excess from 2020 30,395. | | | | |

023581 12-02-20

C/O INDUSTRIOUS NYC MANAGER INDOX LLC

| 83-1256631 | Page 10 |
|------------|----------------|
| | |

| 1. a If the foundation has neceberal a ruling or determination teller that it is a private operating foundation, and the ruling is effective to 2020, enter the date of the ruling. 5. Deck box to indicate whether the foundation is a private operating foundation described in section. 6. Private this bases not the adjusted mail income from Part 1 or the minimum investment return from Part 1 or the minimum | Part XIV Private Operating Fo | oundations (see ins | structions and Part VII- | A, question 9) | N/A | <u> </u> | | | |
|---|---|--|---|-----------------------------|----------------------------|--------------------|--|--|--|
| toundation, and the rating is effective for 2020, enter the date of the rating b Check both oilidate whether the foundation is a patient goratinin foundation described in section. □ 4942(I)(3) or □ 4942(I)(5) □ 2 a Enter the lesser of the adjusted net income from Part for the national income from Part for the national incomestion and the patient of the patient of the patient for Part X for each year listed ■ 85% of line 2 □ Cutallying distributions from Part XII, time 4, for each year listed ■ 85% of line 2 □ Cutallying distributions from Part XII, time 4, for each year listed ■ 85% of line 2 □ Cutallying distributions made directly for active conduct of exemut activities □ Cutallying distributions made directly for active conduct of exemut activities □ Cutallying distributions made directly for active conduct of exemut activities □ Subtract line of for miline 2 □ Complete Sa, b, or o for the adjustment of the patient of th | · | | | | | | | | |
| a Critar the lessor of the adjusted mean that the comment of the adjusted mean that the adjust | | | | | | | | | |
| 2 a Enter the lessor of the adjusted net momentum part of the minimum investment return from Part X for each year listed b 50% of line 2a C outsifying distributions from Part XII, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities C outsifying distributions from Part XII, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3b, no c for the alternative lest relied upon anter section 4542(f)(30(6)) 5 Endowment start active lest relied upon anter section 4542(f)(30(6)) 5 Endowment start active lest relied upon anter section 4542(f)(30(6)) 6 Support alternative lest - enter shown in Part X, line 6, for each year listed c Support alternative lest - enter shown in Part X, line 6, for each year listed (2) Support alternative lest - enter shown in Part X, line 6, for each year listed (3) Total support other than gross investment income (intrest, dividentes, rents, payments on securities loans (section 512(e)(5), or royalins) (2) Support and royalins as provided in section 4542(f)(5)(6)(6) (3) Largest and contract of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assests at any time during the year-see instructions.) 1 Information Regarding Countribution who have contributed more than 20% of the total contributions received by the foundation before the close of any tax year (but only the year committed more than 5000), (see section 507(f)(2).) NONE 2 Information Regarding Contribution, Grant, Girt, Loan, Scholarship, etc., Programs: Check here P X If the foundation only makes contributions to presidented charitable organizations and does not accept unsolicited requests for funds. If the foundation makes grits, grants, etc., in infectious to organizations under other conditions, conquested with the foundation of the condition of the | | | | | | | | | |
| income from Part I or the minimum investment return from Part X for each year listed a 5 8% of line 2a Country of site of the Country of the | | | | | | | | | |
| investment return from Part X for each year listed 5 85% of line 2 a C dualitying distributions from Part XII, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities • Qualitying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 5a, for of the a Rosset alternative test - enter: (1) Yalue of assets qualifying under serviced 452((0)(3)(8)()) • Endowment alternative test - enter 2/3 of minimum investment rotron solvent in Part X, line 6, for each year listed c Support alternative test - enter (1) Total support of the frame gross investment income (interest, dividends, crists, payments on securities loans (section \$12(0)(5), or royalties) (2) Support in on general public organizations as provided in section 4942((0)(3)(8)(6)(6)) 1 Information Regarding Foundation who have contributed more than 2c at any time during the year - see instructions.) 1 Information Regarding Foundation who own 10% or more of the stock of a corporation (or an equality large portion of the ownership or above on the entity) of which the foundation who have contributed more than 55,000 (See section \$10(0)(2)(1) in the law combination and a transport organization 4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation before the close of any tax year (but only if they have combinated more than 55,000) (See section \$10(0)(2)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3) | , | | (b) 2019 | (c) 2018 | (d) 2017 | (e) Total | | | |
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| (2) Value of assets qualifying under section 4942()(3(6)(6)(1)) b "Endowmeri" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed c "Support alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments) on securities loans (section 512(a)(5), or royalities) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3(B)(B)(ii)) (3) Largest amount of support from an exempt organization as provided in section 4942(i)(3(B)(B)(iii)) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Importance | | | | | | | | | |
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| Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here | - / | other entity) of which the foundation has a 10% or greater interest. | | | | | | | |
| Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: | NONE | | | | | | | | |
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| a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: | | | | | | ests for funds. If | | | |
| b The form in which applications should be submitted and information and materials they should include: | | | | | | | | | |
| | a The name, address, and telephone number or email address of the person to whom applications should be addressed: | | | | | | | | |
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| c Any submission deadlines: | ıne form in which applications should b | e submitted and informat | lion and materials they sh | ouia include: | | | | | |
| C Ally Subillission deadiffes. | Any cultimission deadliness | | | | | | | | |
| | • Any submission deadines. | | | | | | | | |
| d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: | d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields. | kinds of institutions, or o | other factors: | | | | |
| , , , , , , , , , , , , , , , , , , , | | , | , | , 6, 6 | | | | | |

| | TING GROUP FOUN | | | |
|--|---|------------------------|----------------------------------|--------------|
| orm 990-PF (2020) C/O INDUSTRIO Part XV Supplementary Information | US NYC MANAGER | INDOX LLC | 83-125 | 6631 Page 11 |
| 3 Grants and Contributions Paid During the Ye | | Payment | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3a | 0. |
| b Approved for future payment | | | | |
| NONE | | | | |

Total

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelate | d business income | | ided by section 512, 513, or 514 | (e) |
|--|------------------------|----------------------|-----------------------|----------------------------------|-----------------------------------|
| • | (a) Business | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Amount | Turicuon income |
| a | | | | | |
| D | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| Econ and contracts from government agancies | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | _ | - |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 0. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |

Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
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83-1256631 Page 13

| Ра | rt XV | Information Exempt Or | | isfers to ai | nd Transactions a | and Relatio | nships With Nonch | aritable | | |
|------|----------|--------------------------------|--------------------------------|---------------------|----------------------------------|---------------------|--------------------------------------|--|----------------|-----|
| 1 | Did tho | | | of the followin | g with any other organiza | tion described in | a coction 501(c) | | Yes | No |
| ' | | • | | | y with any other organizations | | 1 56011011 50 1(0) | | | 110 |
| а | • | | oundation to a noncharita | | - | • | | | | |
| u | | | | | | | | 1a(1) | | х |
| | | | | | | | | | | X |
| h | | ransactions: | | | ••••• | | | | | |
| - | | | naritable exempt organiza | ation | | | | 1b(1) | | х |
| | ` ' | | | | | | | | | Х |
| | | | | | | | | | | х |
| | | | | | | | | | | х |
| | (5) Lo | ans or loan quarantees | | | | | | 1b(5) | | х |
| | | | or membership or fundra | | | | | ده، بدا | | Х |
| С | ` ' | | · · | • | | | | | | Х |
| | | | | | | | fair market value of the goo | | ets, | |
| | | | | - | • • | - | action or sharing arrangeme | | , | |
| | column | n (d) the value of the go | ods, other assets, or ser | vices received. | | | | | | |
| (a)∟ | ine no. | (b) Amount involved | d (c) Name o | of noncharitable | exempt organization | (d) Des | cription of transfers, transactions, | and sharing arra | angemen | nts |
| | | | | N/A | | | | | | |
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| 2a | | • | • | | or more tax-exempt orga | | | | Γ υ | ٦., |
| | | | | ection 52/? | | | | Yes | Δ | No |
| D | it "Yes, | complete the following | g scnedule. of organization | | (b) Type of organization | , | (c) Description of relat | ionehin | | |
| | | N/ | | | (b) Type of organization | 1 | (c) Description of relat | попошь | | |
| | | IN/ | Λ | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Un | der penalties of perjury, I de | clare that I have examined thi | s return, including | accompanying schedules and | statements, and to | the best of my knowledge | May the IDC o | dia a va a A | hio |
| Sig | gn and | | | eparer (other than | taxpayer) is based on all inform | nation of which pre | oarer has any knowledge. | May the IRS of return with the shown below | e prepare | er |
| He | re | Kristy | Snyder | | 11/11/21 | DIR | ECTOR | X Yes | | No |
| | S | signature of officer or tr | ustee / | | Date | Title | | | | |
| | • | Print/Type prepare | r's name | Preparer's si | gnature | Date | Check if P | TIN | | |
| | | | | | | | self- employed | | | |
| Pa | | MELISSA | ABBOTT | | | | | P00705 | | |
| | epare | | BERDON LLP | | | | Firm's EIN ► 13 | -04850 | 70 | |
| Us | e Onl | - | | | | | | | | |
| | | Firm's address 🕨 | 360 MADISON | I AVENU | E | | | | | |

023622 12-02-20

NEW YORK, NY 10017

Phone no. 212-832-0400

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

Organization type (check one):

ENTHUSE MARKETING GROUP FOUNDATION C/O INDUSTRIOUS NYC MANAGER INDOX LLC

Employer identification number

83-1256631

| Filers of: | Section: | | | | | |
|---|---|--|--|--|--|--|
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| - | nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rules | | | | | | |
| sections 509 any one con | 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 or 990-EZ), 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. | | | | | | |
| year, contrib is checked, purpose. Do | 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 | | | | | |
| but it must answer "N | tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

Name of organization

ENTHUSE MARKETING GROUP FOUNDATION

C/O INDUSTRIOUS NYC MANAGER INDOX LLC

Employer identification number

83-1256631

| Parti | Contributors (see instructions). Use duplicate copies of Part I if add | ditional space is needed. | |
|------------|---|---------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ENTHUSE MARKETING GROUP LLC 199 WATER STREET, 34TH FLOOR NEW YORK, NY 10038 | \$\$ | 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 | INSPIRA MARKETING GROUP LLC 50 WASHINGTON STREET NORWALK, CT 06854 | \$\$ | 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 |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (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.) |

Name of organization

ENTHUSE MARKETING GROUP FOUNDATION

C/O INDUSTRIOUS NYC MANAGER INDOX LLC

Employer identification number

83-1256631

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | |
|------------------------------|---|---|----------------------|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | - - - - - - - - - | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** ENTHUSE MARKETING GROUP FOUNDATION C/O INDUSTRIOUS NYC MANAGER INDOX LLC 83-1256631 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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 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 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF OTHER PROFESSIONAL FEES ST | | | TATEMENT 1 | |
|---|------------------------------|-----------------------------------|-------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| PROGRAM EXPENSES - PUBLIC RELATIONS | 177. | 0. | | 177. |
| TO FORM 990-PF, PG 1, LN 16C | 177. | 0. | | 177. |
| | | | | |
| FORM 990-PF | OTHER EXPENSES | | STATEMENT 2 | |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| PROGRAM EXPENSES - PITCH NIGHTS FILING FEES COMPUTER EXPENSES | 31,711. 50. -135. | 0. | | 31,711. 50. -135. |
| | | | | |
| TO FORM 990-PF, PG 1, LN 23 | 31,626. | 0. | | 31,626. |

| FORM 990-PF OTHER LIABILITIES | | STATEMENT 3 |
|--|------------|-------------|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
| CREDIT CARD PAYABLE | 425. | 0. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 425. | 0. |

| FORM 990-PF | LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 | STATEMENT 4 | |
|---------------------|--|-------------|--|
| NAME OF CONTRIBUTOR | ADDRESS | | |

INSPIRA MARKETING GROUP LLC 50 WASHINGTON STREET NORWALK, CT 06854

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 5

ACTIVITY ONE

THE VISION FOR ENTHUSE MARKETING GROUP FOUNDATION (ENTHUSE) HAS INCLUDED A FOUNDATION TO SUPPORT FEMALE ENTREPRENEURS AND CREATE A NEW COMMUNITY OF THOUGHT LEADERS. THEY HAVE CREATED A MULTI TIERED PLATFORM FOR WOMEN TO RECEIVE THE INSIGHTS AND RESOURCES THEY NEED TO TAKE THEIR BUSINESS FROM NEW TO NEXT. THEY OFFER EDUCATION AND RESOURCES, INSPIRATION BY SHARING EXPERIENCES AND MENTORSHIP OPPORTUNITIES. ENTHUSE ALSO BRINGS WOMEN TOGETHER FOR NETWORKING EVENTS AND PANEL DISCUSSIONS THAT ADDRESS THE CHALLENGES WOMEN FACE IN BUSINESS AND HOW TO OVERCOME THEM. THEY OFFER PITCH NIGHTS TO FEMALE ENTREPRENEURS TO MEET AND LEARN FROM INVESTORS WHILE PERFECTING THEIR PITCH. WOMEN RECEIVE FEEDBACK ABOUT THE PRESENTATION FROM INVESTORS AND OTHER FEMALE BUSINESS OWNERS.

| | | | _ ~ |
|-------------------------|------------------|-------|-----|
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TO FORM 990-PF, PART IX-A, LINE 1

31,804.