

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 2017

Department of the Treasury

▶ 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.

_	For the O		ending	42/	21	, 20 17						
<u> </u>			enung	12/		er identification nu	ım ber					
В	Check if an				Cimpicy		iii Dei					
닏	Address ch				Tolonbo	81-1413530						
닏	Name char	nge ,	om/suite	l'	= retebno	one number						
닏	Initial retur				574-258-4051							
Ц	Final return/	terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amended i			G Gross re	eceipts \$	<u>175,016</u>						
	Application	pending F Name and address of principal officer. TOM KAUBLE		••	•	subordinates? Yes	✓ No					
	_	905 W MCKINLEY AVE, MISHAWAKA, IN 46545		j(b) Are all su	ubordinate	es included? 🔲 Yes	☐ No					
ı	Tax-exemp	ot status.	527 /) †	"No," attac	h a list. (s	see instructions)						
J	Website:	<u> </u>		(c) Group e	xemption	number 🕨						
K	Form of org	panization ☐ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of	formation	2016	M State	of legal domicile	IN					
Р	art I	Summary										
	1 B	Briefly describe the organization's mission or most significant activities: T	ro Provil	DE FUNDS	S TO LO	CAL ANIMAL						
9	1	RESCUES AND SHLETERS										
& Governance	1 -											
Ē	2 0	Check this box $ ightharpoonup \square$ if the organization discontinued its operations or dispos	sed of m	ore than	25% of	its net assets.						
Š		lumber of voting members of the governing body (Part VI, line 1a)			3		9					
9		lumber of independent voting members of the governing body (Part VI, line			4		0					
es		otal number of individuals employed in calendar year 2017 (Part V, line 2a)	-		5		4					
₹	J	otal number of volunteers (estimate if necessary)			6		5					
Activities	1	otal unrelated business revenue from Part VIII, column (C), line 12			7a		0					
•	1	let unrelated business taxable income from Form/990-T-line 34			7b							
_				Prior Yea		Current Ye	ar					
	8 C	Contributions and grants (Part VIII, line 1h)	8,007		1 4,583							
Ę	r e	Program service revenue (Part VIII, line 2g)	一閉一		8,007		0					
•		nvestment income (Part VIII, column (A), lines 3, 4 and 70)	11/1									
~	√10 Ir	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· -	-	64 244		<u>_</u>					
					64,241		160,433					
_	1	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 11			72,248		175,016					
	179	Grants and similar amounts paid (Part IX, column (A), lines 1=3)			5,000	 	30,882					
<	17	Senefits paid to or for members (Part IX, column (A), line 4)	∴ ├─-			<u> </u>	U					
es.		calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			1,626		36,458					
- 00≐	:i>	Professional fundraising fees (Part IX, column (A), line 11e)	•				0					
X	a1^	otal fundraising expenses (Part IX, column (D), line 25)	<u></u>									
9	(1) C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·		38,895		73,592					
e	6t\	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·		<u>45,5</u> 21		1 40,932					
	שו פון	Revenue less expenses. Subtract line 18 from line 12			26,727		34,084					
Net Assets or			Begin	ning of Cur			ar -					
Set	20 T	otal assets (Part X, line 16)	·		26,727		68,578					
₹ E	21 T	otal liabilities (Part X, line 26)	·		0		7,767					
		let assets or fund balances. Subtract line 21 from line 20	<u> </u>		26,727	<u> </u>	60,811					
	art II	Signature Block										
		es of perjury, I declare that I have examined this return, including accompanying schedules and				my knowledge and	bel ief, it is					
tr.	ie, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer has	any knowle	dge.							
		Jam (Caucen			5//	5/18_						
Sig	an [Signature of officer		Date	, ,	, ,						
Here JANICE E CAUDELL, PRESIDENT												
	_	Type or print name and title										
P	id	Print/Type preparer's name Preparer's etggature	Date	10	Check	☐ if PTIN						
	eparer	Bill Zuber	۱۲/۱۶ کا	1118	self-em		1889					
	eparer Se Only			Firm'	s EIN ▶	35-20106	47					
J:	o Orny	Firm's address ► 620 N Main Street, Mishawaka, IN 46545		Phon		574-257-45						
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions) .				🗸 Yes						
_			Cat. No. 11	282Y		Form 9	90 (2017)					

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Part		_
	Check if Schedule O contains a response or note to any line in this Part III	Ц
1	Briefly describe the organization's mission:	
	TO PROVIDE FUNDS FOR LOCAL ANIMAL RESCUES AND SHLETERS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	io
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	services?	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hv
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 30,882 including grants of \$ 0) (Revenue \$ 0)	
	DOLLARS GIVEN ON SUPPORT OF OUR MISSION	
41-	(O-d	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		· -
		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
		·
4d	Other program services (Describe in Schedule O.)	—
-7-4	(Expenses \$ o including grants of \$ o) (Revenue \$ o)	
4e	Total program service expenses ► 30.882	—

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Form **990** (2017)



द्यांग	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
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		√
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e	✓	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
þ	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		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\Box	1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			000	

Part	Checklist of Required Schedules (continued)			
` 20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No 🗸
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		V
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	*	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u> ✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		·-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	<u> </u>
		Form	990	(2017)

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	<u></u>		
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		1)
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			_
	account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
-	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
b b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a]	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			36
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3,50	Ac a S	
_	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	- {	
	If "Yes," indicate the number of Forms 8282 filed during the year	70		7
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\neg \uparrow$	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:		Ŋ	
	Gross income from members or shareholders		1	
	Gross income from other sources (Do not net amounts due or paid to other sources	,	1	
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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. 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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		7
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. Check if Schedule 0 contains a response or note to any line in this Part VI			ions. . 🔽
Secti	on A. Governing Body and Management	 -		<u>. Ľ</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4	<u> </u>	1
5 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	5 6 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1000		
а	The governing body?	8a	1	
þ	Each committee with authority to act on behalf of the governing body?	8b	/	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	 	✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	1
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		ļ
13	describe in Schedule O how this was done	12c		1
14 15	Did the organization have a written document retention and destruction policy?	14		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a toyoble patity during the year?			
b	with a taxable entity during the year?	16a		✓
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501 (c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	:erest (policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	; >	

•										
Form 990 (2017) Part VII Compensation of Officers, Di	rootoro T			V.	E			oo Hishaat	Componentos	Page :
Part VII Compensation of Officers, Di Independent Contractors	rectors, II	ruste	es,	, NE	Э У Е	mpi	oye	es, nignest	Compensated	i Employees, and
Check if Schedule O contains a	response o	r note	a to	anv	/ lin	e in tl	his	Part VII		
Section A. Officers, Directors, Trustees, Ke										
1a Complete this table for all persons require	ed to be list	ted. F	Repo	ort (com	pens	atic	n for the cale	ndar year endin	g with or within the
organization's tax year.			-			•			-	
• List all of the organization's current office compensation. Enter -0- in columns (D), (E), and								ividuals or org	anizations), rega	rdless of amount o
 List all of the organization's current key ex 	mployees, it	any.	See	e ins	struc	ctions	for	definition of "	key employee."	
 List the organization's five current higher who received reportable compensation (Box organization and any related organizations. 										
 List all of the organization's former offices \$100,000 of reportable compensation from the 									employees who	received more that
 List all of the organization's former directions organization, more than \$10,000 of reportable 										tor or trustee of the
List persons in the following order: individed compensated employees; and former such persons in the following order: individed to the compensated employees; and former such persons in the following order: individed to the compensated employees; and former such persons in the following order: individed to the compensated employees; and former such persons in the following order: individed to the compensated employees; and former such persons in the following order: individed to the compensated employees; and former such persons in the following order: individed to the compensated employees; and former such persons in the following order: individed to the compensated employees; and former such persons in the compensated employees; and the compensated employees in		s or	dir	ecto	ors;	insti	tuti	onal trustees;	officers; key	employees; highes
☐ Check this box if neither the organization no	or any relate	d org	aniz	zatio	n c	ompe	ะกรส	ated any currer	nt officer, directo	r, or trustee.
	T			-{(C)					
(A)	(B)	(do s	nat at		ition	e than (200	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any			_	-	or/trus	<u>~</u>	compensation	compensation from related	amount of Other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JANICE E CAUDELL	40									
PRESIDENT	_	<u> </u>	ļ	✓	ļ		 _	21,120	0	0
						_				
	 		\vdash		\vdash		\vdash	 	 	 _

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and trile		(B) Average hours per week (list any	erage box, unless persor urs per officer and a direct					an (ee)	(D) Reportable compensation from	(E) Reportation	ble Estim on from amou		(F) matect ount of ther
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-ł	tions compensati		n the nization related
										, , , ,			
1b c d	Sub-total	VII, Section		•	• •			V V	21,120		0		0
u	Total (add lines 1b and 1c)	not limited) wl	21,120 ho received mo	ore than \$1	00,000) of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direct						mp	loyee, or high	est compe	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											•	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividua 		
Section	on B. Independent Contractors												<u>`</u>
1	Complete this table for your five highest of compensation from the organization. Rep year.												n's tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensa	ation
None													
2	Total number of independent contracto received more than \$100,000 of compens							th	ose listed abo	ove) who			

Par	t VIII							
		Check if Schedule O contain	ns a res	sponse or note t	O any line in thi (A) Total revenue	S Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	. 1a	0				
ž ja	b	Membership dues	. 1b	0	1			
S, C	С	Fundraising events	. 1c	0]	1		
ar E	d	Related organizations		0				
S, E	е	Government grants (contribution		0				
er S	f	All other contributions, gifts, gran			1			
5 원		and similar amounts not included abo		14,583	1			
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in line		0		_		
	h	Total. Add lines 1a-1f	· · ·	Business Code	14,583		-	
ňu	2a			Dusiness Code				
Rev	b						 	
9	C			· · · · · · · · · · · · · · · · · · ·				
ē	d							
Ē	8					-		
Program Service Revenue	f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f			0			
	3	Investment income (includir						
		and other similar amounts)						
	4	Income from investment of tax-e						<u> </u>
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	(ii) Personal				*
	6a	Gross rents		(1) 1 01001122				,
	Ь	Less: rental expenses						,
	C	Rental income or (loss)	0	0			٠	, ·
	d	Net rental income or (loss)				<u></u>	1	
	7a		urities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	_	Gain or (loss)	0	-		10 110 110 110 110 110 110 110 110 110		
	d	Net gain or (loss)		· · · · >				· · · · · · · · · · · · · · · · · · ·
nue	8a	Gross income from fundraisin	a					
je j	•	events (not including \$	9					
Other Reve		of contributions reported on line	1c).					
er		See Part IV, line 18				- 7		-
돌	b	Less: direct expenses	. b					
	С	Net income or (loss) from fund	draising	events . >				
	9a	Gross income from gaming ac	tivities.			······································		
		See Part IV, line 19						
		Less: direct expenses						
	C 100	Net income or (loss) from garr	ing acti	vities >	*			
	iva	Gross sales of inventory, returns and allowances						
			~	160,433				
		Less: cost of goods sold Net income or (loss) from sale		entory ▶	460 400	400 400		ļ
ļ		Miscellaneous Revenue	0 01 11110	Business Code	160,433	160,433	0	0
ľ	11a					<u> </u>		ļJ
	b						-	
	C							
ļ	d	All other revenue	-		0	0	0	0
ļ		Total. Add lines 11a-11d		.	0			
	12	Total revenue. See instruction	1s	▶	175,016	160,433	0	0

Form 990 (2017)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	olum n (A).
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX		🗆
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	30,882	30,882		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	21,120		21,120	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	12,051		12,051	
9 10 11	Other employee benefits	3,287		3,287	
a b c d	Management				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14	Advertising and promotion	2,760 1,600		2,760 1,600	
15 16 17 18	Royalties	64,043		64,043	
19 20 21 22	for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization				
23 24	Insurance				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c	CASH SHORT BANK/MERCHANT FEES COMMUNICATION	85 2,669 2,385	0	2,669 2,385	0
d e	DUES/SUBSCRIPTIONS All other expenses	50	0	50	
<u>25</u> <u>26</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	140,932	30,882	110,050	0

ŀ	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	26,727	1	68,578
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	,	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ø		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			-
		other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	26,727	16	68,578
	17	Accounts payable and accrued expenses	20,727	17	00,570
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
s	22	Loans and other payables to current and former officers, directors,			
ţį	22	trustees, key employees, highest compensated employees, and	· · · · · · · · · · · · · · · · · · ·		
薑		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	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			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	7,767
	26	Total liabilities. Add lines 17 through 25	0	26	7,767
-		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			7,707
ê		complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets		27	
ale	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	-
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and			
بر بر		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	26,727	32	60,811
<u>e</u>	33	Total net assets or fund balances	26,727		60,811
~	34	Total liabilities and net assets/fund balances	26,727		68,578

Form 9	90 (2017)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17	5,016
2	Total expenses (must equal Part IX, column (A), line 25)	2		14	0,932
3	Revenue less expenses. Subtract line 2 from line 1	3		3	4,084
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	<u>6,727</u>
5	Net unrealized gains (losses) on investments	5_			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8_			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10_		6	0,811_
Pari	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.			{	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled i	or E		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1 2		
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		di one
	separate basis, consolidated basis, or both:		*		100
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		. 8		30 to 10
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersig/	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant	? 2c	1 [
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 📜		4.4
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. 3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ie –	\Box	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(D)

(E)

Total

Employer identification number

RES	ALE	TO	THE RES								13530
Pa	rt I		Reason	for	Public Cha	arity Status (All	organizations mus	st comple	ete this p	oart.) See instruction	ons.
The	orga	aniz	ation is no	t a	orivate found	lation because it	ıs: (For lines 1 throug	jh 12, che	ck only o	ne box.)	
1							ion of churches desc				
2							(Attach Schedule E	•			
3							ganization described				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5						the benefit of a nplete Part II.)	college or university	y owned o	or operate	ed by a government	tal unit described in
6 7	_	An	organizat	ion	that normally	_					n the general public
8		Αc	community	/ tru:	st described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9		or ı	agricultur university iversity:	al re or a	search orgai non-land-gr	nization describe ant college of aga	d in section 170(b)(1 riculture (see instruct)(A)(ix) op ions). Ente	erated in er the nar	conjunction with a line, city, and state of	and-grant college f the college or
10		rec	eipts from oport from	act gro	ivities related ss investmer	d to its exempt funt income and un	e than 331/3% of its sinctions—subject to related business tax 75. See section 509	certain ex able incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11		An	organizat	on c	organized an	d operated exclu	sively to test for pub	lic safety.	See sect	ion 509(a)(4).	
12		of (one or mo	ore p	publicly supp	orted organizatio	ns described in sec	tion 509(a	a)(1) or so	ection 509(a)(2). Se	rry out the purposes e section 509(a)(3). es 12e, 12f, and 12g.
а	1					-	l, supervised, or con				-
			the suppo	orted	d organizatio	n(s) the power to	regularly appoint or ete Part IV, Section	elect a ma	ajority of t		
b			control or	ma	nagement of	the supporting o	sed or controlled in c organization vested in IV, Sections A and O	the same		• •	
c	;						ting organization ope ons). You must com j				ally integrated with,
d	1		that is no	t fun	ctionally inte	grated. The orga	ipporting organizatio inization generally mi complete Part IV, Se	ust satisfy	a distribu	ution requirement an	orted organization(s) d an attentiveness
е			Check thi	s bo	x if the orga	nization received	a written determinat	ion from t	he IRS th	at it is a Type I, Type	e II, Type III
f	E					organizations .		• •			[
g	P	rovi	ide the fol	owi	ng informatio	on about the supp	orted organization(s				· · <u>L</u> _
	(i)	Name	e of supporte	d org	anization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
								Yes	No		
(A)			1		····						
/D\					<u> </u>	 	· · · · · · · · · · · · · · · · · · ·	 			
(B) 											
(C)											

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Part							
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·	1				
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			Ì			
	include any "unusual grants.")	0	0	0	8,007	14,582	22,589
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the		ļ		_	_	_
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	8,007	14,582	22,589
5	The portion of total contributions by				e e		
	each person (other than a		ŀ				
	governmental unit or publicly				3.1		
	supported organization) included on				i i		
	line 1 that exceeds 2% of the amount				10	}	
_	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4	<u></u>	<u> </u>				22,589
	on B. Total Support	(a) 0040	/h> 0014	(-) 0045	(-D 0016	(-) 0017	(6 Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2013 0	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-		U	0	<u> </u>	8,007	14,582	22,589
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources	0	o	o	o	o	•
9	Net income from unrelated business	<u> </u>					
3	activities, whether or not the business						
	is regularly carried on	o	o	0	o	اه	o
10	Other income. Do not include gain or	-	-	-			
	loss from the sale of capital assets						
	(Explain in Part VI.)	o	o	o	64,242	160,433	224,675
11	Total support. Add lines 7 through 10					,	247,264
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for th	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					> 🗸
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2017 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test-2017. If the organi			•		•	
	box and stop here. The organization qua	-		-			_
b	331/3% support test-2016. If the organi						
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ □
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization						▶ □
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n				The organizati	on qualifies as	a publicly
	supported organization						▶ 🗀
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	ı, or 17b, ch e c	k this box and	See

Faire	(Complete only if you checked t					d to qualific ur	øder Part II
	If the organization fails to qualify						iuei Faitii.
Sooti	on A. Public Support	under me te	sis listed bei	ow, piease ci	ompiete Part	<u>, </u>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(0) 2014	(6) 2013	(u) 2010	(e) 2017	(i) Total
•	received. (Do not include any "unusual grants.")			1			
2	Gross receipts from admissions, merchandise	-	 	<u>-</u>	 		
	sold or services performed, or facilities					/	
	furnished in any activity that is related to the organization's tax-exempt purpose	,	N.		l /		
3	Gross receipts from activities that are not an		1	 	/		
•	unrelated trade or business under section 513				/		
4	Tax revenues levied for the		"		/	<u> </u>	
•	organization's benefit and either paid to				/		
	or expended on its behalf			ł	/	1	
5	The value of services or facilities		1				
	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		1				
	received from disqualified persons .			<u> </u>			
b	Amounts included on lines 2 and 3						
	received from other than disqualified	Í			ĺ	ĺ	
	persons that exceed the greater of \$5,000		/	-			
	or 1% of the amount on line 13 for the year						<u></u>
_	Add lines 7a and 7b	2 to to the state number	A Laffado	a de sta Philippina	at the solution of white	and the second s	
8	Public support. (Subtract line 7c from						
	line 6.)	2 19 2 19	数の分別は		*************************************	经济的 1000000000000000000000000000000000000	
	on B. Total Support	/) 0040	0.3.0044	(-) 0045	\\\\ (-n 0046	(-) 0047	/D T-1-1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				"	 -	
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
h	Unrelated business taxable income (less	·			"		
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975				\		
С	Add lines 10a and 10b				· · · · · ·		
11	Net income from unrelated business					\	
••	activities not included in line 10b, whether					1	
	or not the business is regularly carried on					1	
12	Other income. Do not include gain or		1			1	
	loss from the sale of capital assets	ľ	1		ĺ	"	
	(Explain in Part VI.)					\	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					\ .	_
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u> </u>	· · · · /;	<u> </u>
Secti	on C. Computation of Public Support						<u>\</u>
15	Public support percentage for 2017 (line					15	<u>`\</u>
16	Public support percentage from 2016 Sci			<u></u>	· · · · ·	16	
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (• • •	-			%
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/3% support tests—2017. If the organ						\
_	17 is not more than 331/x3%, check this box		_			_	_
Ь	331/3% support tests—2016. If the organization 19 is not more than 231/2%, shock this						
	line 18 is not more than 331/3%, check this	=	=				
20	Private foundation. If the organization di	id not check a	pox on line 14	, 19a, or 19b, o	cneck this box	and see instru	ctions 🕨 🗌

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

		Yes	No
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Schedu	le A (Form 990 or 990-EZ) 2017	Page 5
Part	V Supporting Organizations (continued)	-
•		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110
_	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11c
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11101
<u>Jecu</u>	on B. Type I Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	- Iv- I si -
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on 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 i	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b c	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizat	st on Nov. 20, 1970 (explai ions must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	
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		10 · · · · · · · · · · · · · · · · · · ·	
emergency temporary reduction (see instructions).	6	The state of the s	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 20 1 7
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			,
g	Applied to underdistributions of prior years			**·
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c				
d				
е	Excess from 2017			

_	•
Page	1

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization **RESALE TO THE RESCUE INC** 81-1413530 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

P	an	6	2

Par	Organizations Maintaining	Collections of	Art, His	torical	Treasures, c	or Ot	her Similar	Asse	ets (conti	inued)
3,	Using the organization's acquisition,									
	collection items (check all that apply):				-					
а	☐ Public exhibition		d	□ Loan	or exchange	prog	rams			
b	☐ Scholarly research				r					
c	Preservation for future generations	2			"					
4	Provide a description of the organization		and eval	ain how t	they further th	o oro	anization's e	vemn	t nurnnee	in Part
~	XIII.	don a conections	and expi	ZIII IIOW I	iney luriner in	e org	anzadon 5 ez	Cinp	r purpose	, III I CAIL
_	During the year, did the organization	policit or receive	donation	o of art	historical trac	ouro.	e or other sir	milar		
5	assets to be sold to raise funds rather								□ v	
Do			anica as	-	e organization			<u>-</u> -	☐ Yes	NO
Par	Escrow and Custodial Arra Complete if the organization		" on For	·m 000	Dart IV line (roported an	ama	unt on E	orm
	990, Part X, line 21.	i alisweled Tes	OII FOI	111 990, 1	rantiv, iiie s	9, UI	reported an	атпо	unt on r	Offil
	Is the organization an agent, trustee	austadian ar atl	nor intore	andian (f	or contributio		other seests	not		
14	included on Form 990, Part X?									
						• •		•	☐ Yes	□ мо
b	If "Yes," explain the arrangement in P	art XIII and compi	ete the to	ollowing t	apie:	_			ount	
						<u> </u>		AITIC	Julii	
C	Beginning balance					10				
đ	Additions during the year					1d				
0	Distributions during the year					10				
f	Ending balance					1f				
2a	Did the organization include an amoun									☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatio	n has been pr	ovide	d on Part XIII	<u> </u>	<u> </u>	<u> </u>
Par										
	Complete if the organization									
		(a) Current year	(b) Pri	or year	(c) Two years b	ack	(d) Three years t	ack	(e) Four yea	rs back
1a	Beginning of year balance		L		L					
b	Contributions									
C	Net investment earnings, gains, and			_			_			
	losses	ı	İ		Ĭ	1				
d	Grants or scholarships									
e	Other expenditures for facilities and									
٠,	programs		ĺ		l	l		Į		
f	Administrative expenses							$\neg \top$		
g	End of year balance				[$\neg \uparrow$		
2	Provide the estimated percentage of t	he current vear er	nd balanc	e (line 1o	. column (a)) l	neld a	 is:			
а	Board designated or quasi-endowmer	•	%	` `	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶	%								
•	The percentages on lines 2a, 2b, and		00%							
За	Are there endowment funds not in the			zation the	at are held an	d adı	ministered for	the		
	organization by:	- p						4	Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							•	3a(ii)	+
ь	If "Yes" on line 3a(ii), are the related of							•	3b	+
4	Describe in Part XIII the intended uses							•	<u> </u>	
Part			5 5 HdC	······································						
, r ar t			" on For	~ 000 r	Port IV line 1	10.0	Soo Form 00	ים חי	art V lina	.10
	Complete if the organization Description of property	(a) Cost or of			or other basis		ccumulated			
	Description of property	(investm			or other basis other)		reclation	l	(d) Book va	lue
	Land			<u> </u>				 -		
1a	Land	•		<u> </u>						
b	Buildings	•								
C	Leasehold improvements	·						<u> </u>		
d	Equipment	•		<u></u>				<u> </u>		
_ €	Other	<u>: </u>		L				L		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part 2	K column	(R) line 10c)		1		

Part VII	Investments—Other Securities.	n. r. 441 O	000 P-+V II 10
	Complete if the organization answered "Yes" on Form 990, Part		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-I	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			\
	Name of Company of Company and Company of Co		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.	ــــــ	J
Part VIII	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See F	orm QQ0 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
_(2)			<u> </u>
(3)			
(4)			
(5)			
(6)		 	
_(8)			
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶		3.5
Part IX	Other Assets.	L	1945 M
	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11d. See F	form 990. Part X. line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in			
	L TAXES PAYABLE		5,860
(4)	FAX PAYABLE		1,907
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25.)		7,767
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial sta	tements that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the te	ext of the footnote has	s been provided in Part XIII

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Р	a	α	e	

Part			r Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	_
Ь	Donated services and use of facilities		_
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40	
a	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
	XII Reconciliation of Expenses per Audited Financial Statem		
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		Y- Control of the Con
а	Donated services and use of facilities	2a	
b		2b	
С		2c	
d	Other (Describe in Part XIII.)	2d	
ө	Add lines 2a through 2d		2ө
3	Subtract line 2e from line 1	,	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in the supplemental III.	e 18.)	b; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part in the supplemental III is a supplemental III in the supplemental III in the supplemental III is a supplemental III in the supplemental III in the supplemental III is a supplemental III in the supplemental III in the supplemental III is a supplemental III in the supp	e 18.)	b; Part V, line 4; Part X, line information.
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b; Part V, line 4; Part X, line information.
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

OMB No 1545-0047 2017

Open to Public Inspection

Schedule I (Form 990) (2017)

Department of the Treasury Internal Revenue Service Name of the organization Employer id RESALE TO THE RESCUE INC 81-1413530 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (if applicable) (e) Amount of non-cash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (b) EIN (d) Amount of cash 1 (a) Name and address of organization or government (1) (2) (3) (4) (5) (6) .(7) (8) (9) (10) (11) (12) 2 3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

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.

2017

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

RESALE TO THE RESCUE INC Form 990, Part VI, Section B, Line 11b - ONCE FORM 990 IS COMPLETED, IT IS MADE AVAILABLE TO ALL OFFICERS, BOARD **MEMBERS AND GENERAL PUBLIC AT IT'S HEADQUARTERS** Form 990, Part VI, Section C, Line 19 - THERE WERE NO REQUESTS FOR COPIES IN THE PAST OTHER THAN WHEN WE SWITCHED TAX PREPARERS.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2017)

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