.Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2019

Open to Public Inspection

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G Accounting Method: □ Cash □ Account Other (specify) ► H Check ► □ if the organization is not required to attach Schedule B □ I Value Professional Profession	□.	Amended	return	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	•	•		
Website: www. TheSobrietyResource.Org	\Box	Applicatio	n pending	<u> </u>				
J Tark-exempt status (check only one) - 2 501(c)(3) 501(c)(1) 4 (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Form of organization:			•					
K Form of organization: ② Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 8 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assests (Part II, column (iii) are \$500,000 or more, line Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) □								
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, for total assets (rear III, column (8)) are \$500,000 or more, fibe from 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and State of Part III Revenue, Revenue, Part III Revenue, Part III Revenue, Part III					90, 99	0-EZ, or 990-PF).		
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	As		end-of-yea	r figure reported on prior year's return)	19	21,611.		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	0.		
For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642i Form 990-EZ (2019)	Z	21			21			
	For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat No 106421		Form 990-EZ (2019)		

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Par			ny guaetion in thie	Part II		
·	Check if the organization used Schedule	O to respond to a	iny question in this			
				(A) Beginning of yea	-+	(B) End of year
22	Cash, savings, and investments			5,0	63. 22	45,788
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				48. 24	
25	Total assets			21,6	11. 25	61,061
26	Total liabilities (describe in Schedule O)			<u>.</u>	26	
27	Net assets or fund balances (line 27 of column				11. 27	61,061
ar	t III Statement of Program Service Accom	•		•		_
	Check if the organization used Schedule				<u> </u>	Expenses equired for section
/hat	t is the organization's primary exempt purpose?	See Schedule O - M	ission restarted in 4t	h Quarter 2019.		1(c)(3) and 501(c)(4)
s m erso	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe th ich program title.	e services provided		" 1 .	ganizations, optional fo ners)
	Financial Assistance for Recovery Residence Admiss				-	
	Financial Assistance for Recovery Residence Alumn		uation of Recovery S	Support and	-	
_	Life Skills Training in an outdoor environment - Bo				-	1
?1	(Grants \$) If this amount	ıncludes foreign gra	ants, check here	▶ _	28	a 2,821
29					_	
					_	
					_	
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗀	29	а
30						
					·	
					-	
	/O		·		: l	_1
	(Grants 5) It this amount	includes foreign gra	ants, check here .	> L	30	aj
31		includes foreign gra	ants, check here .		30	a
31	Other program services (describe in Schedule O)					
	Other program services (describe in Schedule O) (Grants \$) If this amount	ıncludes foreign gra	ants, check here		31	а
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra hrough 31a)	ants, check here		31	a 2,821
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) r Employees (list eac	ants, check here the contract of the contract		31 32 e instr	a 2,821
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra through 31a) r Employees (list eac O to respond to a	ants, check here the contract of the contract	pensated—see th	31 32 e instr	a 2,821
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) r Employees (list eac	ants, check here the contract of the contract	pensated—see the Part IV (d) Health beneficontributions to employed benefit plans, ar	31 e instructs, oloyee (end	a 2,821
32 Par	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) r Employees (list eac O to respond to a (b) Average hours per week devoted to position	ants, check here h one even if not coming question in this (c) Reportable (compensation) (Forms W-2/1099-MISC)	pensated—see the Part IV (d) Health beneficontributions to employed benefit plans, ar	31 e instructs, oloyee (end	2 2,821 uctions for Part IV)
32 Pari	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a) . r Employees (list eac O to respond to a (b) Average hours per week	ants, check here h one even if not coming question in this (c) Reportable (compensation) (Forms W-2/1099-MISC)	pensated—see the Part IV (d) Health beneficontributions to employers benefit plans, ardeferred compensations	31 e instructs, oloyee (end	2 2,821 uctions for Part IV)
32 Pari	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) L. Talley (c) Treasurer	includes foreign gra through 31a) r Employees (list eac O to respond to a (b) Average hours per week devoted to position	ants, check here h one even if not comny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health beneficontributions to employers benefit plans, ardeferred compensations	31 32 e instru 	a 2,821 uctions for Part IV)
32 Pari	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) It Talley (c) Treasurer (c) Treasurer (c) Treasurer (c) Treasurer (c) Treasurer (c) Treasurer	includes foreign gra hrough 31a) r Employees (list eac O to respond to a (b) Average hours per week devoted to position	ants, check here h one even if not comny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health beneficontributions to employers benefit plans, ardeferred compensations	31 32 e instru 	a 2,821 uctions for Part IV)
32 Pari Danie Chair Chair	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) L. Talley (c) Treasurer	includes foreign grathrough 31a)	ants, check here h one even if not comny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health beneficontributions to employers benefit plans, ardeferred compensations	31 32 e instru 	a 2,821 uctions for Part IV)
32 Pari Danie Chair Chair	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a total total program service	includes foreign gra through 31a) r Employees (list eac O to respond to a (b) Average hours per week devoted to position	ants, check here h one even if not comny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health beneficontributions to employed benefit plans, and deferred compensations.)	31 32 e instru 	a 2,821 uctions for Part IV)
32 Part Part Chair Chair Char George Brac	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a total program service expenses (add lines 28a total program services, and Key Check if the organization used Schedule (a) Name and title (b) If this amount (c) Check if the organization used Schedule (a) Name and title (b) If this amount (c) Check if the organization used Schedule (d) Name and title (e) L. Talley (e) Treasurer (f) Treasurer (f) Treasurer (f) Treasurer (f) Check if the organization used Schedule (e) Check if the organization used Schedule (f) Check if the organization used Schedule (f) Check if the organization used Schedule	includes foreign grathrough 31a)	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the Part IV (d) Health beneficontributions to employed benefit plans, and deferred compensations.)	31 32 e instructs, oloyee (condition)	a 2,821 uctions for Part IV)
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32 Pari Pani Chair Cha Chair Cha Chair Cha Cha Cha Cha Cha Cha Cha Cha Cha Cha	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (e) L. Talley (rman / CEO / Treasurer (rmon W. Talley (e) Reer (ctor (sha Whatley (ctor (Anikpe))	includes foreign grathrough 31a)	ants, check here h one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefit contributions to employer benefit plans, and deferred compensations.	31 32 e instru	a 2,821 uctions for Part IV)
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	Part				
•		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan	V .	No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	
.21	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<u> </u>
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	\vdash	
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	_	✓
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		· 	لبِــا
	b	Did the organization file Form 1120-POL for this year?	37b	Antik	977 ASAPT
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1233	
		If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
	39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		-10	
	a b	Gross receipts, included on line 9, for public use of club facilities	>	-	~ -
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		5.2	
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_	-	
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		器	
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	2008	★
	41	List the states with which a copy of this return is filed ► Georgia			
	42a		678-55		7
		Located at ► 2200 Chimney Springs Dr, Marietta, GA ZIP + 4 ►	30062	-6398	
	D	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)?	42b	Yes	NO /
		If "Yes," enter the name of the foreign country	420	مد٠	V
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	e de la companya del companya de la companya del companya de la co	√ ×
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-42	7
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u> </u>
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	选	

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46	Did the organization engage, directly o to candidates for public office? If "Yes,							S
art \		ons Only ons must answer que	estions 47-49b and	52, and con			for line	es
	Check if the organization used s	scriedule O to respond	to any question in t	IIIS FAIL VI	• • •	<u></u>	Yes	No
7	Did the organization engage in lobbyil year? If "Yes," complete Schedule C, F	_	section 501(h) election	n in effect d	uring the	tax 47		1
3 9a	Is the organization a school as described Did the organization make any transfer		·			. 48 . 49a		✓
 b If "Yes," was the related organization a section 527 organization? 								
·	(a) Name and trile of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions to benefit plans, a compens	enefits, o employee nd deferred	(e) Estimat	ed amoi	unt of
ne								
					-			
	Total number of other employees paid Complete this table for the organization \$100,000 of compensation from the organization states.	on's five highest comp	ensated independent	contractors	who each	received	I more	tha
	• •	on's five highest comp rganization. If there is n	ensated independent			received		tha
1	Complete this table for the organization \$100,000 of compensation from the organization	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					tha
1	Complete this table for the organization \$100,000 of compensation from the organization	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					tha
1	Complete this table for the organization \$100,000 of compensation from the organization	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					tha
1	Complete this table for the organization \$100,000 of compensation from the organization	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					tha
1	Complete this table for the organization \$100,000 of compensation from the organization	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					tha
1	Complete this table for the organization \$100,000 of compensation from the organization	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					tha
ne	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indep	on's five highest comprganization. If there is numbered endent contractor	ensated independent one, enter "None." (b) Type of sen		(c)			tha
ne	Complete this table for the organization \$100,000 of compensation from the organization	on's five highest comprganization. If there is numbered the contractor the contractor three is numbered to the contractor three is numbered to the contractor three is numbered to the contractor of the contracto	ensated independent one, enter "None." (b) Type of sen	P	(c) No	Compensat	aon	tha
d 2	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent complete Schelber (a) Total number of other independent complete Schelber (b) \$100,000 of compensation complete Schelber (c) \$100,000 of compensation from the organization complete Schelber (c) \$100,000 of compensation from the organization complete Schelber (c) \$100,000 of compensation from the organization from the organ	on's five highest comprganization. If there is no endent contractor Intractors each receiving edule A? Note: All sections return, including accompanions.	ensated independent one, enter "None." (b) Type of sender over \$100,000	nizations mu	No ust attach	Compensal	aion	No
d d d 22	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent complete organization complete Schedule A	on's five highest comprganization. If there is no endent contractor Intractors each receiving edule A? Note: All sections return, including accompanions.	ensated independent one, enter "None." (b) Type of sender over \$100,000	nizations mu	No ust attach	Compensal	aion	No
d ds2	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent complete organization complete Schedule A Total number of other independent completed Schedule A enalties of perjury. I declare that I have examined the rect, and complete Declaration of preparer (other section).	on's five highest comprganization. If there is no endent contractor Intractors each receiving edule A? Note: All sections return, including accompanions.	ensated independent one, enter "None." (b) Type of sender over \$100,000	nizations mu	No ust attach	Compensal	aion	No

Preparer Use Only

Firm's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

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 chantable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** The Sobriety Resource, Inc.

			Resource, Inc			· · · · ·				19287
Pai						organizations must				ons.
The o						is: (For lines 1 through				
1						ion of churches descr				0
2						(Attach Schedule E (F			• • • • • • • • • • • • • • • • • • • •)9
3						ganization described i				
4						onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_			•	city, and state						·
5	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	=									
7	The second secon									
		des	cribed in sec	tion 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8		A c	ommunity tru	st described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9		An :	agricultural re	search organi	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
		uni	versity:			riculture (see instruction			•	_
10	✓.	An	organization t	hat normally r	receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
		sup	eipis irom aci	ivities related ss investment	to its exempt iu t income and un	inctions—subject to c related business taxa	ertain ext ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its businesses
		acq	uired by the	organization a	fter June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III)	D0011100000
11		An ·	organization o	organized and	operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12						sively for the benefit o				
						ns described in sect				
		Che	eck the box in	lines 12a thro	ough 12d that de	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g
а	[Type I. A sup	porting organ	ization operated	l, supervised, or contr	rolled by i	its suppo	rted organization(s),	typically by giving
						regularly appoint or e			he directors or trust	ees of the
				-	•	ete Part IV, Sections				
b	[sed or controlled in co				
						organization vested in		e persons	that control or man	age the supported
			•	•	-	IV, Sections A and C				
С	[ting organization oper ons). You must comp				ally integrated with,
d	[Type III non-	functionally i	i ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s
						nization generally mu				
			requirement (see instructio	ns). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.	
е	[Check this bo	x if the organ	ization received	a written determination	on from tl	he IRS th	at it is a Type I. Type	e II. Type III
						tionally integrated su				, . ,
f	Er	nter	the number o	of supported o	organizations .					
g	Pı	rovi	de the followi	ng information	n about the supp	oorted organization(s).				
	(i) N	lame	of supported org	ganization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
						(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						above (see mistractions))			instructions,	instructions,
							Yes	No		
(A)										
								ļ		
(B)										
							 	-		
(C)										
							<u> </u>			
(D)										
							<u> </u>			
(E)										
Tota]						1			
					<u> </u>	•	•		·	

Part							
	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>		
	on B. Total Support		T		T		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the support of the Form 990 is for the support of the support	•	•		or fifth tax v	12 Par as a sectio	on 501(c)(3)
	organization, check this box and stop he	_				1	
Secti	on C. Computation of Public Support				·	-/	_
14	Public support percentage for 2019 (line	_		11, column (f))		14	%
15	Public support percentage from 2018 Sci					15	%
16a	331/3% support test—2019. If the organ box and stop here. The organization qua				nd line 14 is 3:	, .	check this
b	33 ¹ / ₃ % support test—2018. If the organ this box and stop here. The organization						hore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts	s-and-circumst	ances" test, cl	heck this box	and stop here	. Explaın in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets th	ne "facts-and-	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization d	id not check a			a, or 17b, chec	k this box and	see

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	,		•			
_	received. (Do not include any "unusual grants")	2,000.	10,363.	25,953.	_ 755 .	48,110.	87,181.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	159,024.	201,151.	0.	0.	0.	306,175.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	190702	33,73		.		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	161,024.	211,187.	29,593.	755.	48,110.	447,356
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			300 ·	· · .	د. پر م ^و د د	444356
	on B. Total Support	······································					
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	161,024.	211,187.	25,953.	755.	48,110.	447,356.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	161,024.	211,187.	25,953.	755.	48,110.	447,356.
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	· ·	d, third, fourth,	•		`````
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		_			15	100 %
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	100 %
	on D. Computation of Investment In				· · · · · · · · · · · · · · · · · · ·	T.= I	
17	Investment income percentage for 2019 (17	0 %
18	Investment income percentage from 2018					18	0 %
19a	331/3% support tests—2019. If the organ						
b	17 is not more than 331/3%, check this box 331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this land.	zation did not cl	neck a box on I	line 14 or line 1	9a, and line 16	is more than 3	3¹/3%, and
20	Private foundation. If the organization di		-	•			

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

The So	briety Resource, Inc										46-	15192	87		
Part	Excess Benef Complete if th													40b.	
1	(a) Name of disqualified	person	(b) Relationship between disqualified person and organization				(c) Description of transaction					(d) Con Yes	No		
(1)												-			
(2)					11										
(3)															
(4)	· · · · · · · · · · · · · · · · · · ·		_												
(5)									•						
(6)						,									
2	Enter the amount of under section 4958								ons du	ring t	he ye	ar ▶ ş	<u> </u>		
3	Enter the amount of	tax, if any, or	i line 2, above,	reimt	oursed by	the organi	zatior	n	• •		• •	▶ ३	·		
Part	Complete if th	e organization	rested Person answered "Ye ount on Form !	s" on	Form 99 Part X, line	0-EZ, Part e 5, 6, or 22	V, line 2.	38a or F	orm 99	90, Pa	ırt IV,	lıne 2	6; or	if the	
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	fr	oan to or om the anization?	(e) Origir principal ari		(f) Baland	ce due	(g) In o	iefault?	by bo	proved pard or nittee?		ntten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1) D	Paniel L. Talley	CEO	Personal		✓	10	0,955.		9,680.		1	✓	ļ		✓
(2)	, <u></u>									<u> </u>			ļ		
(3)															
(4)										<u> </u>		ļ	<u> </u>		
(5)												<u> </u>			
(6)				L						<u> </u>			<u> </u>		
(7)				<u> </u>		<u> </u>				<u> </u>			<u> </u>		<u> </u>
(8)				<u> </u>						<u> </u>					
(9)										ļ			ļ		
(10)		<u> </u>] .		<u> </u>		ļ	<u> </u>	ļ	Ĺ		L,
Total	<u> </u>						<u>. ▶</u>	\$	9,680.						Ų
Part I	Grants or Ass Complete if th	sistance Bene e organization	fiting Interest answered "Ye	ed Pe s" on	Form 99	0, Part IV, I	ine 27	7.							
1 (a)	Name of interested persor		iship between inter and the organization		(c) Amount	of assistance	(d) Type of a	issistanc	e	(е) Purpo	se of a	ssistan	ce
(1)															
(2)															
(3)															
(4)							L				L				
(5)					<u> </u>		<u></u>				L				
(6)					ļ									,	
(7)														•	
(8)												_			
(9)															
(10)					<u></u> _										

Part IV	Business Transactions Invo Complete if the organization :	Ilving Interested Persons. answered "Yes" on Form 990). Part IV. line 28a. 2	28b. or 28c.	F	age Z	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shanng of organization's revenues?		
					Yes	No	
(1)							
(2)							
(3)						ļ	
(4)							
(5)						ļ <u>.</u>	
(6)					- -		
(7) (8)						-	
(9)						<u> </u>	
(10)							
Part V	Supplemental Information. Provide additional information	n for responses to questions	on Schedule L (see	instructions).			
					·		
					·		
					- -		
						- -	
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				• • •	4		
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						•••••	
				•••••			
				-			

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.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

The Sobriety Resource, Inc.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Employer identification number

46-1519287

Part 1, Question 10 - Grants and Similar	Amounts Paid		
Financial Assistance for Recovery Resi	dence Attendance (during 1st	3 months)	
Jeff S. \$ 850.			
Financial Assistance for Recovery Resi	dence Epic Treck		
Epic Trek \$1,971.			
Total \$2,821.			
Part 1, Question 16 - Other Expense			
Operating Expense			
Bank, Credit Card & Paypal Charges	s \$ 47.		
Operating Supplies	\$ 279.		
Miscellaneous	\$ 462.		w u ,
Storage Unit	\$1,830.		
Total Operating Expense	\$2,634.		
Business Expense			
Licenses & Certiffications	\$ 175.		
Miscellaneous	\$ 142.		·
Total Business Expnese	\$ 317.		
Travel, Meetings & Conference Expense	e		
Attendance Fees	\$ 100.		·
Meals	\$ 48.		· ~
Miscellaneous	\$ 18.		
Total Travel, Meeting & Conference	ce Expense \$ 166.		