For Paperwork Reduction Act Notice, see the separate instructions.

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 2019

Department of the Treasury

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

Open to Public

_	nal Reveni		Go to www.irs.gov/rorm990 for instructions and the latest info	rifiation.		Inspection	
<u>A</u>	For the	2019 calend	dar year, or tax year beginning 01/01 , 2019, and ending	12/3	1	, 20 19	
В	Check if	applicable.	C Name of organization RESALE TO THE RESCUE INC		D Empl	oyer identification number	
	Address	change	Doing business as			81-1413 <u>53</u> 0	
	Name ch	ange	Number and street (or P O, box if mail is not delivered to street address) Room/	'suite	E Telepi	none number	
	Initial retu	ım	905 W MCKINLEY AVENUE			574-258-4051	
$\overline{\Box}$	Final retui	m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
$\overline{\Box}$	Amended	i return		G Gross	receipts \$ 298,778		
$\overline{\Box}$	Application	on pending	MISHAWAKA, IN, 46545 F Name and address of principal officer JANICE E CAUDELL	H(a) Is this a gro	oup return fo	or subordinates? Yes No	
_	.,		, J ₋ 1	H(b) Are all su	ubordinat	es included? Yes No	
<u> </u>	Tax-exen	npt status		If "No," attach	nalist (s	ee instructions)	
	Website:	>		H(c) Group ex	emption	number >	
_			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	2016		of legal domicile IN	
	art I	Summa					
	_		cribe the organization's mission or most significant activities: TO PROVID	E FLINIDS T	10100	ΔΙ ΔΝΙΜΔΙ	
ģ			AND SHELTERS	L 1 01103		UL VIAIMUL	
2		KESCOLS.	MID JILLILA				
Ě	2	Chack this	how \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Maradaaa (25% of	ite not accate	
Governance	3	Number of	box ► ☐ If the organization discontinued its operations or dispose to voting members of the governing body (Part VI, line 1a).	248ED	1 2	no net assets.	
9	1		independent voting members of the governing body (Part VI, line 1a).		निद्धा	0	
S				9 20 20	Ğ		
Ϋ́			per of individuals employed in calendar year 2019 (Part V, Re 2a) MAY 2	4 CACA	8		
Activities &			per of volunteers (estimate if necessary)			5	
⋖			ated business revenue from Part VIII, column (C), line 12 OGDE	N, UT	7a 7b	0	
	b	Net unrelat	ed business taxable income from Form 990-T, line 39	0		0	
				Pnor Year		Current Year	
re	í		ons and grants (Part VIII, line 1h)		22,105	56	
Ē	1	-	ervice revenue (Part VIII, line 2g)		0	0	
Revenue	ı		income (Part VIII, column (A), lines 3, 4, and 7d)		0	0	
_	ı		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2	249,048 297,4		
		Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	71,153	297,540	
			similar amounts paid (Part IX, column (A), lines 1-3)		98,502	113,000	
		Benefits pa	aid to or for members (Part IX, column (A), line 4)		0	0	
es			her compensation, employee benefits (Part IX, column (A), lines 5–10)		72,710	89,836	
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), Iine 11e)		0	0	
χĎ	b '	Total fundr	aising expenses (Part IX, column (D), line 25) 0				
Ш	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		99,768	97,124	
	18	Total exper	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2	70,980	299,960	
	19	Revenue le	ss expenses. Subtract line 18 from line 12		173	-2,420	
s or			Begin	ning of Curre	ent Year	End of Year	
sets afan	20	Total asset	s (Part X, line 16)		60,984	90,449	
t As	21	Total liabilit	ties (Part X, line 26)		0	0	
Net Assets Fund Baland	22	Net assets	or fund balances. Subtract line 21 from line 20		60,984	90,449	
Pa	rt II	Signatu	re Block				
		ies of perjuty,	I declare that I have examined this return, including accompanying schedules and statement	s, and to the	best of n	ny knowledge and belief, it is	
true	e, correct,	and complete	Declaration of preparer (other than officer) is based on all information of which preparer has	any knowled	ge.	1. 1	
		\ X_	tend-cuce		5	13/2000	
Sig	n	Signatu	re of officer	Date	9	1	
He		JANIC	CE E CAUDELL, PRESIDENT			•	
			print name and title				
D~	 id	Print/Type	preparer's name Preparer's signature Date		Check [] if PTIN	
Pa		, Bill Zube		2 20	self-emp		
	parer			-'-		35-2010647	
Us	e Only	/ Firm's nam	ress ► 620 N Main Street, Mishawaka, IN 46545	Firm's Phone		574-257-4511	
May	the IR	_	his return with the preparer shown above? (see instructions)	Frione	110		



Cat. No. 11282Y

	1 990 (2019)		·	Page 2
<u>Part</u>	rt III Statement of Program Service	e Accomplishments	الله المحمد (الله المحمد الله الله المحمد المحمد الله المحمد المحم	
1		response or note to any line in this F	art III	<u>····</u>
•	TO PROVIDE FUNDS FOR LOCAL ANIMA	AL DECCUES AND SULFIEDS		
			•	
		<u> </u>	<u> </u>	
2			ear which were not listed on the	☐ Yes
3	Did the organization cease conduction services?	ng, or make significant changes in I	now it conducts, any program	☐Yes ☑No
	If "Yes," describe these changes on So			
4	Describe the organization's program s expenses. Section 501(c)(3) and 501(c the total expenses, and revenue, if any)(4) organizations are required to repoi		
4a		113,000 including grants of \$ MISSION		

4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	•••••		•••••	
	•			
	•••••			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	•••••			
4d	Other program services (Describe on S			
	(Expenses \$ 0 including	grants of \$ 0) (Revenue	\$ 0)	
4e	Total program service expenses ►	113.000		



Ŗart	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		√
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		✓
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		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		✓
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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_		✓
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		\
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	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		\
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? If "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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		1
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		1
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	1	
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>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
Ь	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
C	reportable gaming (gambling) within backup withinoiding rules for reportable payments to vendors and	1c		√
		Forr	n 990	(2019)

 art	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	- -		لـــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
٥-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لب
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	30		
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		1
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			لــــ
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u>·</u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		لجحد
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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]		i	
11	Section 501(c)(12) organizations. Enter:			ŀ
	Gross income from members or shareholders		i	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		ļ	
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	- 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
	Is the organization licensed to issue qualified health plans in more than one state?	13a	\neg	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans		ļ	ľ
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5	Ì	./
	excess parachute payment(s) during the year?	15		-
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.	 -	-	
		Form	990	(2019)

Form 9	990*(2019)		(Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	, and See in	for a	"No" tions.
	Check if Schedule O contains a response or note to any line in this Part VI		_ · .	
Sect	ion A. Governing Body and Management	-		
			Yes	No
1a		9		1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	اا		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		igg
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		\
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		\
6	Did the organization have members or stockholders?	6		✓_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		√
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	√	
b	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 on Schedule O	9	لِبا	✓_
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Co		N-
10a	Did the organization have local chanters, branches, or affiliates?	10a	Yes	No /
_	Did the organization have local chapters, branches, or affiliates?	104		
ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		√
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b	<u> </u>	✓
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			. 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	101		
Secti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filled ► None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T /Sec	tion 5	01/0
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	1 (060	tion 5	, o 1 (c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re TOM KAUBLE, (574)258-4051	cords	>	

	-
Dac	/
rau	

Form		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization noi	r any relate	lated organization compensated any current officer, director, or trustee.								
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	erson	e than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JANICE E CAUDELL	45.00			١.						
PRESIDENT				√				35,840	0	(
				_	L					
					_					
				_	_					
			L	_			_			
			L				_			
			_	_						
				_						
			_				L			
				_			_			
••••••••••••••••••••••••	ļ			l						

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Em	plo	yee	s, ar	id H	lighest Compe	nsated Emplo	oyees (continued
	(A) Name and title	(B) Average hours per week	(B) Average hours (C) Position (do not check mor box, unless persor officer and a direction of the control of					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the granization and related organizations
					_						
								-	<u>-</u>	-	- <u>-</u>
				_							
							_				<u> </u>
	-							_			
									. <u>-</u>	<u> </u>	<u> </u>
					_						
	Subtotal			•	•		•	>	35,840	0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)				:		:	>	35,840	0	
2	Total number of individuals (including but reportable compensation from the organic	not limited			_			e) w		e than \$100,000) of
3	Did the organization list any former of employee on line 1a? If "Yes," complete S								oyee, or highes	t compensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,							
5	Did any person listed on line 1a receive o for services rendered to the organization?										5 🗸
	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Repo	est compen	ensate sation	ed in for	nde the	eper cal	ndent enda	co ye:	ntractors that r ar ending with or	eceived more within the organ	than \$100,000 o nization's tax year.
	(A) Name and business addi	ess	•						(B) Description of serv	ices	(C) Compensation
None											
								_			
	7.11						٠ ا ا				
2	Total number of independent contractor received more than \$100,000 of compensations.	•	-					th	ose listed above	e) who	

Par	t VIII	Statement of Rev			aca ar	one or note to a	ny line in thic Pa	ort \/III		
	· <u>·</u> ·	Check if Schedule	0 60	nnains a re	espor	ise or note to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<u>8</u> 8	1a	Federated campaign	ns .		1a	0	 	·		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0	1			
ع ۾	С	Fundraising events			1c	0				
fts,	d	Related organization			1d	0		}		<u> </u>
<u> </u>	е	Government grants	(cont	tributions)	1e	0]			
Sin	f	All other contribution	s, gr	fts, grants,						
ž ž		and similar amounts no	t incl	uded above	1f	56]		J
들	g	Noncash contribution								
d at		lines 1a-1f			1g					
<u>5</u> 6	h	Total. Add lines 1a-	1f .		<u> </u>	<u> </u>	56			
4 \	1					Business Code				
Program Service Revenue	2a									
₽ ₽	b	••••					<u>.</u>			
en S	С									
gram Ser Revenue	ď									
go F	е									ļ
<u> </u>	f	All other program se								
	g	Total. Add lines 2a-					0	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income	•	-						
		other similar amount								
	4	Income from investm	nent d	of tax-exen	npt bo	ond proceeds				
	5	Royalties	<u> </u>							
	_		_	(i) Rea	···	(ii) Personal	1			
	6a	Gross rents	6a	ļ		-	-		:	
	b	Less: rental expenses	6b	 			{			
	C	Rental income or (loss)		<u> </u>	0					 -
	ď	Net rental income or	(105	S) (i) Securi	tion	(II) Other	 			
	7a	Gross amount from		(i) Securi	1105	(ii) Other	1			
		sales of assets	7-							
•		other than inventory	7a				1		•	
Revenue	b	Less. cost or other basis and sales expenses .	7b			J	}			J
Š	С	Gain or (loss)	7c		0	0	1			ļ
æ	d	Net gain or (loss)		L			<u></u>			
Jer		Gross income from	· ·		` 	i				
Other	oa	events (not including !		nuraising			1			
		of contributions rep		d on line	1		[
		1c). See Part IV, line			8a					
	ь	Less: direct expense			8b		1		1	
	С	Net income or (loss)				nts ►				
		Gross income fr			<u> </u>	<u> </u>	·····			-
	"-	activities. See Part I			9a					
	b	Less: direct expense			9b		1			
	С	Net income or (loss)			ctivitie	es >				
	10a	Gross sales of in		-			1			
		returns and allowand			10a	298,722				
	b	Less: cost of goods	sold		10b	1,238				
	С	Net income or (loss)	from	sales of ir	vento	ory >	297,484	297,484	0	0
SI						Business Code				
e e	11a									
scellaneo Revenue	b									
e el	С									
Miscellaneous Revenue	d	A 11								
	е	Total. Add lines 11a	_		_		0			
	12	Total revenue. See	ınstrı	uctions		🕨	297,540	297,484	0	0

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	in this Part IX .		<u>.</u> 🗀
	ot include amounts reported on lines 6b, 7b, o, 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 .	113,000	113,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	35,840		35,840	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	33,040		33,040	
7 8	Other salaries and wages	31,364		31,364	
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes	22,632	· <u></u>	22,632	
11	Fees for services (nonemployees):	-			
а	Management	904		904	
b	Legai		· · · · · · · · · · · · · · · · · · ·		<u> </u>
С	Accounting	800		800	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u> </u>			
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	3,445		3,445	
13	Office expenses	1,014		1,014	-
14	Information technology		· <u>-</u> .		-,
15	Royalties	81,850		81,850	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest		<u> </u>		 .
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance		······································		
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If		1		
	Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	`` '	4 420	0	4 400	
a	COMMUNICATIONS DUES/SUBSCRIPTIONS	1,133	0	1,133 50	0
b	DUES/SUBSCRIPTIONS BANK/MERCHANT/OTHER FEES	7,528		7,528	0
d	CACU CUODT	400	- 0	400	
e	All other expenses	400		400	
25	Total functional expenses. Add lines 1 through 24e	299,960	113,000	186,960	0
26	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)			100,000	

P	art X		<u> </u>		
		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	60,984	1	90,449
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ಬ	7	Notes and loans receivable, net	······································	7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		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 33)	60,984	16	90,449
	17	Accounts payable and accrued expenses		17	
	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	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ξ.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	0	26	
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	<u> </u>		
<u>a</u>	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances	<u> </u>	Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	0
iet	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
ASS	31	Retained earnings, endowment, accumulated income, or other funds	60,984		90,449
et /	32	Total net assets or fund balances	60,984		90,449
Ž.	33	Total liabilities and net assets/fund balances	60,984	33	90,449
					Form 990 (2019)

Form 9	90`(2019)			Pa	ge 12
Par	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			7,540
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,960
3	Revenue less expenses. Subtract line 2 from line 1	3			2,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6	0,984
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 on Schedule O)	9		3	1,885
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		9	0,449
Part	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		ĺ	,	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	kplain in		_]
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 corr				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ		
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 audit	ed on a		`	1
	separate basis, consolidated basis, or both:				Í
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		l		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight of			
•	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex				$\overline{}$
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			

3ь

Form **990** (2019)

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.

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

2019
Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

RESALE TO THE RESCUE INC 81-1413530 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (i) Name of supported organization (II) EIN (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support						
Caler	ndar 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.")	0	8,007	14,582	22,105	56	44,750
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	8,007	14,582	22,105	56	44,750
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						44,750
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0	8,007	14,582	22,105	56	44,750
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	_0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	64,242	160,433	249,048	298,722	772,445
11	Total support. Add lines 7 through 10				·		817,195
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her	re	· · · · ·	· · · · ·	· · · · ·	· · · · ·	<u> </u>
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6		-			14	<u>%</u>
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test—2019. If the organi						
L	box and stop here. The organization qual 331/3% support test—2018. If the organization						
	this box and stop here. The organization	qualifies as a p	oublicly suppor	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 "organization	ets the "facts- facts-and-circu	and-circumsta imstances" te	ances" test, ch st. The organia	ieck this box a zation qualifies	and stop here.	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the	e "facts-and-c s-and-circums 	ercumstances" stances" test.	test, check the organization	this box and son qualifies as	a publicly ▶ □
18	Private foundation. If the organization did						
	instructions			<u> </u>	<u> </u>	<u></u>	· · • 🔼

Schedu	ıle A (Form 990 or 990-EZ) 2019						Page 3
Part	III Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)			7
	(Complete only if you checked th	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify with	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.) /	
Secti	ion A. Public Support						
Caler	ndar 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.")		ł	ļ			!
2	Gross receipts from admissions, merchandise						<u> </u>
	sold or services performed, or facilities furnished in any activity that is related to the			j			
	organization's tax-exempt purpose		i				
3	Gross receipts from activities that are not an		· · · · · · · · · · · · · · · · · · ·		/		
	unrelated trade or business under section 513						}
4	Tax revenues levied for the						
	organization's benefit and either paid to]			İ	
	or expended on its behalf			/	<i>1</i>		
5	The value of services or facilities						
	furnished by a governmental unit to the		[ĺ
	organization without charge		1	/			
6	Total. Add lines 1 through 5	·····			<u> </u>		
7a	Amounts included on lines 1, 2, and 3	-					
	received from disqualified persons .		ļ				
b	Amounts included on lines 2 and 3		/	r — —			
	received from other than disqualified		/				
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year			L	<u> </u>		
C	Add lines 7a and 7b	<u> </u>					
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support	/					
Calen	idar year (or fiscal year beginning in) 🕨 📗	(a) 2015/	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		<u></u>				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		ł		}		1
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less				j		
	section 511 taxes) from businesses	,					
	acquired after June 30, 1975						
C	Add lines 10a and 10b /.						
11	Net income from unrelated business						
	activities not included in line 10b, whether		,		i i		
	or not the business is regularly carried on		ļ <u></u>				
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,				1		
	and 12.) / [<u> </u>		
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop her			<u></u>	<u> </u>	<u></u>	<u> </u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8						%
16	Public support percentage from 2018 Sch			<u></u>	· · · · ·	16	%
	on D. Computation of Investment Inc				(6)	14-1	
17	Investment income percentage for 2019 (li					17	
18	Investment income percentage from 2018 331/4% support tests – 2019. If the organization					18 ore than 331/29	% and line
19a	17 is not more than 331/3%, check this box a						
	,		J		,	• · · · · · · · · · · · · · · · · · · ·	

b /331/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Secti	ion A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
Ь	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 .	9a		
	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 .	9b		
С	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.	9c		
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.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IVa	 	
J	determine whether the organization had excess business holdings.)	10b		

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Part	Supporting Organizations (continued)		150	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
ıı a		ĺ	Ì	ĺ
•	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b	<u> </u>	
	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.	11c		
	on B. Type I Supporting Organizations	1		
			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	ļ]
	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.	-	 	
2		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			
			Yes	No
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).	1	L	ļ <u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ĺ		İ ,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Ė		
	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	ļ		
	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.			
<u> </u>		3		
	on E. Type III Functionally Integrated Supporting Organizations		-47	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	nstru	cuons	S).
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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? <i>Provide details in Part VI.</i>	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.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1			
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sect	
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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v int	egrated Type III support	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (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 organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Enter a annual annual of mile of annual a		(ii)	(iii)
Secti	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_ 1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018		·	
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	A, Part II, Line 10 - INVENTORY SALES
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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.

OMB No 1545-0047

Employer identification number

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.

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Form 990, Part VI, Section B, Line 11b - ONCE THE ANNUAL FORM 990 IS COMPLETED AND FILED, COPI	ES ARE MADE AVAILABLE
TO ALL OFFICERS, BOARD MEMBERS AND THE GENERAL PUBLIC AT IT'S HOME OFFICE UPON REQUEST	
Form 990, Part VI, Section C, Line 19 - ONCE THE ANNUAL FORM 990 IS COMPLETED AND FILED, COPIE	S ARE MADE AVAILABLE
TO ALL OFFICERS, BOARD MEMBERS AND THE GENERAL PUBLIC AT IT'S HOME OFFICE UPON REQUEST	
Form 990, Part XI, Line 9 - ADD'L PAID IN CAPITAL NOT RECORDED IN EARLIER YEARS	

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