# (Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

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

and ending DEC 31,

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

JAN 15, 2019

Open to Public Inspection

В	Check if applicabl	C Name of organization		D Employer identification number				
Г	Addre	Respite for All Foundation						
F	Name chang			83-3	0934	22		
X	Initial return		om/suite	E Telephone				
	Final return	2622 Fernway Drive			440-			
	termin ated			<b>G</b> Gross receip	ts\$	172457.		
	Amen		Ī	H(a) Is this a	group re	eturn		
	Application	F Name and address of principal officer: Wallelf Ballow			ordinates			
	pendir	same as C above		H(b) Are all sub	ordinates in	ncluded? Yes No		
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or [	527	If "No,"	attach a	list. (see instructions)		
		re: ▶ respiteforall.org		H(c) Group e				
K	Form of	organization: X Corporation Trust Association Other	L Year o	of formation: 2	019 N	M State of legal domicile; AL		
P	art I	Summary	1	1				
φ	1	Briefly describe the organization's mission or most significant activities: RFA se						
Governance		nuture a faith based volunteer model in com						
ern	2	Check this box if the organization discontinued its operations or disposed			- 1			
Š	3	Number of voting members of the governing body (Part VI, line 1a)				10		
		Number of independent voting members of the governing body (Part VI, line 1b)				0		
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				0		
Activities &	6	Total number of volunteers (estimate if necessary)				0.		
Ş	l /a	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 39				0.		
_	<del>                                     </del>	Net unrelated business taxable income nom rorm 990-1, line 39		Prior Yea		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		THOI TCU	•	172446.		
Revenue	9	Program service revenue (Part VIII, line 2g)				0.		
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				11.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				172457.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)				0.		
G	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.		
per	ь	Total fundraising expenses (Part IX, column (D), line 25)   3780						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				18390.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				18390.		
		Revenue less expenses. Subtract line 18 from line 12				154067.		
5	9		Beg	jinning of Curre	ent Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)				154067.		
t As	21	Total liabilities (Part X, line 26)				0.		
2	22	Net assets or fund balances. Subtract line 21 from line 20				154067.		
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and				knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer h	nas any knowle	dge.			
		Signature of officer		I Date				
Sig		, -		Date				
Hei	re	Warren Barrow, President Type or print name and title						
			ΙD	ate	Check	X		
Pai	Ч	Print/Type preparer's name  Ed Reifenberg  Preparer's signature	ا ا		if			
	u parer	Firm's name  Edward G Reifenberg CPA	I	Eirm!	self-employ	81-4287840		
	Parer Only	Firm's address 2134 Vaughn Lane			S EIN	OT 401040		
036	, only	Montgomery, AL 36106		Phon	e no 33	4-462-6566		
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		F 11011	o 110. <b>o</b> 0	Yes No		

Form	n 990 (2019) Respite for All Foundation	83-3093422	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🔲
1	Briefly describe the organization's mission: None		
	,		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	z, 10 c.,poco, a.	
4a	10200	2 0	
·u	The Respite for All Foundation formed in January 2019 and	$\frac{1}{d}$ during 201	9 ′
	the Executive Director and Board have worked to secure fu	anding netwo	rks
	and training materials to commence program services in 20		
	did cidiling materials to commence program services in 20	320.	
	In addtion the Executive Director was invite to speak at	an Augtrali	an
	Dementia conference in Canberra Australia in August 2019		<u> </u>
	purpose of articulating the RFA model to the audience.	TOT CHE	
	purpose of articulating the KFA moder to the addrence.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$	)
4c	/Outs \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/		١
40	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie \$	,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 18390.		200 -
		Form 🕏	990 (2019)

# Form 990 (2019) Respite for All Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8_		X
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		<u> </u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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		X
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu		12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> </u>
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	17		<u> X</u>
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		Х
		_		_

Form	rt IV   Checklist of Required Schedules <sub>(continued)</sub>	09342	2	Page 4
Га	Checklist of Required Schedules (continued)		Ye	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		16	3 140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>.</u>	X
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	3	X
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	24	а	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241	b	$\perp$
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?		С	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	d	
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	25	а	<u> </u>
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	251	b	<u> </u>
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%			1,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<b>6</b>	X
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		,	x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$+^{\Delta}$
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? <i>If</i>	28:		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	201		+**
·	"Yes," complete Schedule L, Part IV	286		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			+
00	contributions? If "Yes," complete Schedule M	30	,	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			$\top$
	Schedule N, Part II	32	<u>.</u>	X
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	;	X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		а	Х
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	35	b	$\perp$
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	<b>i</b>	X
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	'	X
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	X	
Pa	rt 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>	Ye	s No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Page 5 Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 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? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? **d** If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ...... Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) \_\_\_\_ 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

Form **990** (2019)

X

X

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line ed, es, et res selen, decembe the smearhetenees, proceeded, et changes en consedit et see metablishe.			
<u>C</u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			T
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	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		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		Х
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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Patricia G Seay - 334-462-6566			
	2234 Myrtlewood, Montgomery, AL 36111			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

X Check this box if neither the organizati			orga	niza			nper	sate			<b>(_</b> )	
(A)	(B)			<b>(C)</b> Position			1		(D)	(E)	(F)	
Name and title	Avera	-		not c	heck r	more	than o		Reportable	Reportable	Estimated	
	hours wee	•	offic	oox, unless person is both an officer and a director/trustee)			s botr r/trus	ı an tee)	compensation from	compensation from related	amount of other	
			tor						the	organizations	compensation	
	hours	for	r direc				pe		organization	(W-2/1099-MISC)	from the	
	relat	ed	stee o	rustee			ensat		(W-2/1099-MISC)		organization	
	organiza	ations	al trus	onal tı		oloyee	comp				and related	
	belo line	W.	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) Warren Barrow		00	П	п	9	32	포늄	7				
President		00	Х		х				0.	0.	0.	
(2) Patricia G Seay	2.	00			-				· ·	•	•	
Treasurer		-	х		x				0.	0.	0.	
(3) Will Gunter	1.	00										
Vice President			Х						0.	0.	0.	
(4) Charlotte Goodwyn	1.	00										
Board member			X						0.	0.	0.	
(5) Dr William Mitchell	1.	00										
Board member			X						0.	0.	0.	
(6) Theda Tankersley	2.	00										
Secretary			X						0.	0.	0.	
(7) Robert Bradford	1.	00										
board member			X		Ш				0.	0.	0.	
(8) Rick Blanton	1.	00							_	_		
board member			X		Ш				0.	0.	0.	
(9) Ann Elizabeth McGowin	1.	00										
board member			Х		Ш				0.	0.	0.	
					Н		_					
					$\vdash\vdash$							
					Н							
					Н							
-					Н							
					П							

(A)	(B)		_	(C)			(D)	(E)			(F)	
Name and title	Average hours per week	box, ι	ot che unless	s perso	ON ore than on is bot ctor/trus	h an	Reportable compensation	Reportable compensatio	n		timate nount o	
	(list any	ector					from the	from related organization		com	other pensa	tion
	hours for related	e or dire	tee		sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizati	
	organizations	truste	nal trus	9	ompen		(44-27 1099-141130)			_	d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer Vey, em pl	Rey employee Highest compensated employee	Former				orga	anizatio	ons
								4	·			
		-										
		-										
							0.		0.			0.
c Total from continuation sheet d Total (add lines 1b and 1c)							0.		0.			0.
Total number of individuals (incompensation from the organize)	luding but not limited to th					no re	-	000 of reportable				0
Compondation from the organiz	action P		K								Yes	No
3 Did the organization list any for			y en	nploy	/ee, o	hig	hest compensated emp	loyee on				v
line 1a? If "Yes," complete Sch For any individual listed on line		1					er compensation from t	he organization		3		Х
and related organizations great										4		Х
5 Did any person listed on line 1a	receive or accrue comper	satio	n fro	m ar	ny unr	elate	ed organization or individ	dual for services		_		v
rendered to the organization? p Section B. Independent Contracto		e J for	r suc	ch pe	rson					5		Х
1 Complete this table for your five	•	-						· · · · · · · · · · · · · · · · · · ·	pensat	ion fro	om	
the organization. Report compe	(A)	ear en	iaing	g witt	1 or w	tnin	the organization's tax y (B)	ear.		((	<u> </u>	
Name a	nd business address	NO	NE				Description of s	ervices	С		nsation	n
2 Total number of independent c \$100,000 of compensation fror		ot limi	ited	to th	ose lis	ted	above) who received mo	ore than				
w roo,ooo or compensation for	n the Organization				v							

Pa	rt VI	Statement of Revenue				
		Check if Schedule O contains a response or note to any lin	e in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Anounts	b c d e f g h	b	172446.			
Д		f All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties	11.	11.		
	6 a					
Revenue	7 a	a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				
eve		. , , , , , , , , , , , , , , , , , , ,				
Other R	8 a	d Net gain or (loss)  Gross income from fundraising events (not including \$				
		b Less: direct expenses8b				
	9 a	C Net income or (loss) from fundraising events  a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  9b				
	10 a	C Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  10a  10b				
_	С	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	b				
Misc	d	d All other revenue				
_	е	e Total. Add lines 11a-11d	4-2:		_	
	12	Total revenue See instructions	172457.	11.	1 0.	

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JGUL	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ripiete columni (A).	
Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			,	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	5004		5004	
12	Advertising and promotion	6931.		6931.	
13	Office expenses	785.		785.	
14	Information technology				
15	Royalties				
16	Occupancy	FFF1		F F F 1	
17	Travel	5551.		5551.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Grant writing	3780.			3780.
	Board training	1343.		1343.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18390.	0.	14610.	3780.
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)			1	

1 Cash - non-interest bearing			Check if Schedule O contains a response or not	e to any	/ line in this Part X			
2 Savings and temporary cash investments								
Savings and temporary cash investments   2   3		1	Cash - non-interest-bearing				1	154067.
A Accounts receivable, net		2					2	
A Accounts receivable, net		3	Pledges and grants receivable, net				3	
tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6		4					4	
Controlled entity or family member of any of these persons   5		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)(8) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 10c 11 Investments - publicity traded securities 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 11 12 Investments - other securities. See Part IV, line 11 11 13 Investments - other securities. See Part IV, line 11 11 Investments - other securities. See Part IV, line 11 11 Investments - other securities. See Part IV, line 11 11 Investments - other securities. See Part IV, line 11 11 Investments - other securities. See Part IV, line 11 Investments - other securities. See			trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventrories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  1 Investments - publicly traded securities  1 Investments - publicly traded securities  1 Investments - publicly traded securities  1 Investments - other securities. See Part IV, line 11  1 Investments - other securities. See Part IV, line 11  1 Intrangible assets  1 Intrangib			controlled entity or family member of any of thes	se perso	ons		5	
7   Notes and loans receivable, net   7   8   Inventories for sale or use   8   8   Inventories for sale or use   8   9   Prepaid expenses and deferred charges   9   9		6	Loans and other receivables from other disqualif	fied per	sons (as defined			
7   Notes and loans receivable, net   7   8   Inventories for sale or use   8   8   Inventories for sale or use   8   8       9   Prepaid expenses and deferred charges   9   9     10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a     10   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a     11   Investments - publicly traded securities   11   12     12   Investments - publicly traded securities   11   12     13   Investments - program-related. See Part IV, line 11   12     14   Intangible assets   14   14     15   Other assets. See Part IV, line 11   15   15     16   Total assets. Add lines 1 through 15 (must equal line 33)   0 ⋅ 16   154067 ⋅ 17     17   Accounts payable and accrued expenses   17   18   19     19   Deferred revenue   19   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     23   Secured mortgages and notes payable to unrelated third parties   23       24   Unsecured notes and loans payable to unrelated third parties   24       25   Total liabilities. Add lines 17 through 25   0 ⋅ 26   0 ⋅ 0 ⋅ 0     26   Total liabilities. Add lines 17 through 25   0 ⋅ 26   0 ⋅ 0 ⋅ 0     27   28   Net assets with other or restrictions   28       29   Capital stock or trust principal, or current funds   0 ⋅ 29   154067 ⋅ 0     20   21   22   23   24   25   25   25   25   25   25   25			under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
8 8   Newtories for sale or use   9   Prepaid expenses and deferred charges   9   Prepaid expenses and deferred charges   9   9   9   9   9   9   9   9   9	S	7	Notes and loans receivable, net			7		
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  b Less: accumulated depreciation  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  177  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  27 Net assets with donor restrictions  28 Net assets with donor restrictions  Organizations that follow FASB ASC 958, check here   30 Capital stock or trust principal, or current funds  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  31 Total net assets or fund balances  32 Total net assets or fund balances  33 Total net assets or fund balances	set	8				8		
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10b   10c	As	9			4.7	9		
b asis. Complete Part VI of Schedule D		10a						
b Less: accumulated depreciation   10b   10c   11t   Investments - publicly traded securities   11t   12t   12t   12t   12t   13t   Investments - program-related. See Part IV, line 11   13t   13t   14t   15t			- · · · · · · · · · · · · · · · · · · ·	10a				
11   Investments - publicly traded securities   11   12   11   12   11   12   11   12   13   13		b					10c	
12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   0 ⋅ 16   154067 ⋅ 17   16   Grants payable and accrued expenses   17   17   18   Grants payable and accrued expenses   17   18   Grants payable   18   19   Deferred revenue   19   20   Tax exempt bond liabilities   20   Tax exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   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   23   24   Unsecured notes and loans 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 or Schedule D   25   Other liabilities. Add lines 17 through 25   0 ⋅ 26   0 ⋅ 0							11	
13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   0 ⋅ 16   15 4067 ⋅ 17   17   18   18   19   19   19   19   19   19								
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26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances  O • 26  O • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •							25	
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and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  O and a paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  and complete lines 27, 28, 32, and 33.  27  28  28  29  Capital stock or trust principal, or current funds  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  Total net assets or fund balances  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund  O and a paid-in or capital surplus, or land, building, or equipment fund								
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	et A							
	Z							

Pa	rt 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	1	<u>.724</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2		183					
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.540	<u>67.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.				
5	5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))								
Pa	rt XII Financial Statements and Reporting		,						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>							
			_	Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Forr	n <b>990</b>	(2019)				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization Respite for All Foundation 83-3093422 Part I 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.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					4	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
4	Total. Add lines 1 through 3						
5	The portion of total contributions					7	
	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.						
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4		, ,			, ,	
	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	4					
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectior	· ·	
	organization, check this box and <b>stor</b>	p here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization		-	•			s
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

### 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.)

Se	ction A. Public Support	ciow, picase comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and		,				.,
	membership fees received. (Do not include any "unusual grants.")					172446.	172446.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	Total. Add lines 1 through 5					172446.	172446.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						0.
(	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						172446.
Se	ction B. Total Support				,		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4				172446.	172446.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	O				11.	11.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					172457.	172457.
14	First five years. If the Form 990 is for	Ü	, ,	, ,	•	( / ( / )	·
<u></u>	check this box and stop here						<u>X</u>
	ction C. Computation of Publi			. (2)		T T	
	Public support percentage for 2019 (I		•	( , , , , , , , , , , , , , , , , , , ,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	•			no 12 polymp (f)		17	
	Investment income percentage for 20 Investment income percentage from 20					18	<u>%</u> %
	a 33 1/3% support tests - 2019. If the						
198	more than 33 1/3%, check this box ar					At a se	▶ □
k	33 1/3% support tests - 2018. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	hox on line 14 19:	a or 19h check th	is hox and see ins	tructions	<b>▶</b>

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
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	9a		
	Ja		
	9b		
	9c		
	10a		
	10b		<u> </u>
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Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Vaa	N <sub>a</sub>
4	Ware a majority of the arganization's directors by twisters during the tay year also a majority of the directors		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	4		
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
566	tion B. All Type in Supporting Organizations		V	- Na
_	Did the constitution and the code of the constitution is also beautiful to the fifth wealth of the		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			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		l

Pal	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	Nov. 20, 1970 (explain in P	art VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 <b>Part VI</b> ):			
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		
Sect	ion 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-functionally	integra	ted Type III supporting orga	nization (see
	instructions).	•		•

Schedule A (Form 990 or 990-EZ) 2019

Par	TV   Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions		, , ,	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V		Supplemen	tal In	formation.	Provide the	e explan	ations req	uired by P	art II, I	ine 10; F	Part II, line 17a	or 17b; F	art III, line 12; Part IV, Section C,	
	li	ne 1; Part IV,	Section	n D, lines 2 and and 8; and Part	3; Part IV,	Section	E, lines 1	c, 2a, 2b, 3	3a, and	d 3b; Pa	rt V, line 1; Part	V, Secti	on B, line 1e; Part V,	
	(5	See instruction	ns.)	and 0, and 1 and	v, occilor	T L, III 103	- 2, 0, and	0. Also co	IIIpicio	z tilio pa	Trior any additi	Onai iiilo	maton.	
Sch Z	A P	t I												
RFA v	vas	formed	in	January	2019	and	thus	this	is	the	initial	990	and a	
short	. y	ear.												
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### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Name of the organization

Respite for All Foundation

**Employer identification number** 

83-3093422

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# Respite for All Foundation

83-3093422

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Warren Barrow  106 Carolina ST  Montgomery, AL 36117	\$50000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Charlotte Goodwyn  3608 Oak Grove Circle  Montgomery, AL 36116	\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 3	Name, address, and ZIP + 4  Cathy Caddell  2622 Fernway Dr  Montgomery, AL 36111	\$ 5000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  John Cadell  2622 Fernway Dr  Montgomery, AL 36111	Total contributions  \$ 75000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4  Joan Mitchell  2049 Myrtlewood Dr  Montgomery, AL 36111	Total contributions  \$ 5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	Barbara Mobley  2622 Fernway Dr	\$5000.	Person X Payroll
	Montgomery, AL 36111		noncash contributions.)

Name of organization Employer identification number

# Respite for All Foundation

83-3093422

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Frank Johnston Jr  2622 Fernway Dr  Montgomery, AL 36106	\$ 9954.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

# Respite for All Foundation

83-3093422

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Marketable Securities	\$\$	12/23/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Marketable Securities	\$ 9954.	12/23/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	200 57 av 200 PEV (2010)

Name of organization **Employer identification number** Respite for All Foundation 83-3093422 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

Respite for All Foundation

**Employer identification number** 83-3093422

Form 990, Part I, Line 1, Description of Organization Mission:
persons suffering from Alzeimers and other forms of dementia and their
caregivers.
Form 990, Part VI, Section B, line 11b:
The Executive Director distributes a draft of the 990 to the board members
via email and secures comments and approval to electronically file.
Form 990, Part VI, Section C, Line 19:
RFA posts its 990 on its website
Explanation Code 11
Schedule 0
The Executive Director receives a draft copy of the 990 from the
preparer and circulates via secure email to the Board members. Upon
review a vote is taken to secure approval for filing.