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0070 TE	***	** THIS IS NOT IRS e-file Sigr for a Tax	A FILEABLE C ature Autho	rization	F	OMB No. 1545-0047
Form 8879-TE		for a lax		ity		
	For calendar ye	ar 2022, or fiscal year beginning			, 20	2022
Department of the Treasury			e IRS. Keep for your re			LULL
Internal Revenue Service		Go to www.irs.gov/Form	n8879TE for the latest	information.		
Name of filer					EIN or SSN	
Respi	te for A	11 Foundation			**_**	* * * * *
Name and title of officer o	r person subject to t					
		President				
Part I Type	of Return and	Return Information				
Form 5330 filers may e or 10a below, and the a	nter dollars and c amount on that lir	ou are using this Form 8879-TE ents. For all other forms, enter le for the return being filed with ter -0-). But, if you entered -0- o	whole dollars only. If yo this form was blank, tl	ou check the box on I hen leave line 1b, 2b	ine 1a, 2a, 3a, 3a, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, δb, 7b, 8b, 9b, or 10b,
1a Form 990 ched	k here	b Total revenue, if an	v (Form 990 Part VIII o	column (A) line 12)		ъ 284880.
	check here					2b
3a Form 1120-PC		b Total tax (Form 112				3b
4a Form 990-PF		b Tax based on inves				
5a Form 8868 ch		b Balance due (Form				4b
6a Form 990-T ch		b Total tax (Form 990				5b
7a Form 4720 che		b Total tax (Form 472				6b
8a Form 5227 ch		b FMV of assets at e				7b 3b
9a Form 5330 ch		b Tax due (Form 5330		227, item Dj		
10a Form 8038-CF		b Amount of credit p		rm 9029 CD Dart III		9b 10b
		gnature Authorization o				
		X I am an officer of the abo				at to (nome
	•				-	
later than 2 business da payment of taxes to red	ays prior to the pa eive confidential	his account. To revoke a paym ayment (settlement) date. I also information necessary to answ ny signature for the electronic i	authorize the financial er inquiries and resolve	institutions involved issues related to the	in the process payment. I ha	sing of the electronic ave selected a
PIN: check one box of						
X I authorize	Edward G	Reifenberg CPA		to	o enter my PIN	
		ERO firm n	ame			Enter five numbers, but do not enter all zeros
with a state a on the return As an officer return. If I ha	gency(ies) regula 's disclosure cons or person subject ve indicated withi	ar 2022 electronically filed retur ting charities as part of the IRS sent screen. t to tax with respect to the enti n this return that a copy of the enter my PIN on the return's dis	5 Fed/State program, I a ty, I will enter my PIN a return is being filed wit	also authorize the afo s my signature on the h a state agency(ies)	rementioned I	ERO to enter my PIN 2 electronically filed
	. с .					
Signature of officer or person s		** THIS IS NOT A uthentication	н гіпдаврд (JUPI """"	Date	
ERO's EFIN/PIN. Ente number (EFIN) followed		ctronic filing identification self-selected PIN.		63582245711 Do not enter all zeros		
-	-	ny PIN, which is my signature on the requirements of Pub. 416		•		
ERO's signature				Date		
		ERO Must Retain T	his Form - See Ins	structions		
	Do No	ot Submit This Form to			So	
LHA For Privacy Act		Reduction Act Notice, see ins				Form 8879-TE (2022)
202521 12-16-22						

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	ridentification	n number (TIN)
print	Respite for All Foundation				**_**	* * * * *
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
instruction		oreign addı	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separat	e application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	10 or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual) 03 Form 4720 (other than individual)				09		
Form 990-PF 04 Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06 Form 8870		12		
Form 99	0-T (corporation) Patricia Seay	07				
• If the • If this box • 1 Ir th • 2 If [whone No. ► <u>334-462-6566</u> organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org . X calendar year <u>2022</u> or . tax year beginning the tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta Nover anization's , an theck reaso	mption Number (GEN) If <u>ch a list with the names and TINs of a</u> <u>nber 15, 2023</u> , to file return for: d ending on: Initial return F	this is fo all memb	r the whole g ers the exten npt organizati 	roup, check this sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0
	timated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					•
	sing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.
Cautior instructi	If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879-	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

223841 04-01-22

Form	99	0
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Extended to November 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	Respite for All Foundation			
	Name Chang	pe Doing business as		**_*****	* *
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr			334-440-9	9911
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	327965.
	Amer	Montgomery, AL 50111-1720	H(a) Is this a group re	turn	
	Appli tion	F Name and address of principal officer. By IIII Desireat		for subordinates	? Yes X No
	pend	same as C above		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
	Vebs			H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2019 N	1 State of legal domicile: AL
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: <u>RFA</u>			
Ŭ		nuture a faith based volunteer model in c			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			
٥ ٥	3				10
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es 2	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
viti	6	Total number of volunteers (estimate if necessary)			0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
			_	Prior Year	Current Year
P	8	Contributions and grants (Part VIII, line 1h)		282185.	283393.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	4262.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	16.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-2791.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		282185.	284880.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		• •	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц Ц	b	5 1 1 1 1 1 1 1 1 1 1	86.	72198.	164434.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		72198.	164434.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		209987.	
	19	Revenue less expenses. Subtract line 18 from line 12			<u>120446.</u>
Assets or d Balances				ginning of Current Year 369225 •	End of Year 489671.
Ssei	20	Total assets (Part X, line 16)			
Net A	21	Total liabilities (Part X, line 26)		0.	<u>0.</u> 489671.
		Net assets or fund balances. Subtract line 21 from line 20		369225.	4090/l.
Pa	art II				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	O'mashing of officer			D.t.	
Sign	Signature of officer			Date	
Here	Lynn Beshear, President				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN	
Paid	Ed Reifenberg			self-employed P00019626	
Preparer	Firm's name Edward G Reifenbe:	rg CPA		Firm's EIN	
Use Only	Firm's address 2134 Vaughn Lane				
	Montgomery, AL 36	106		Phone no. 334 - 462 - 6566	
May the I	May the IRS discuss this return with the preparer shown above? See instructions				
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)				

See Schedule O for Organization Mission Statement Continuation

Form	990 (2022) Respite for All Foundation	**_****	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		X
•	Respite for All Foundation works to inspire, incubate, as	nd support	
	Respite Volunteer Ministries for communities seeking to a	minister to	
	persons living with Alzheimer's and other forms of dement caregivers. RFA does this through providing funding, o		
2	caregivers. RFA does this through providing funding , or Did the organization undertake any significant program services during the year which were not listed on the	education, a	<u> 110</u>
-	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as i	measured 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.		
4a	(Code:) (Expenses \$19037. including grants of \$) (Revenue Staged a "Brain Science Luncheon" with a national recogn:		<u>011.</u>)
	in the field of dementia attended by 200 people	ized researc	ner
4b	(Code:) (Expenses \$ 50914. including grants of \$) (Revenue (Revenu((Revenue (Revenue (Revenue (Revenu((Reve		262.)
	Developed a training video for directors for developing a	a local resp	<u>ite</u>
	care program		
4c	(Code:) (Expenses \$24048 . including grants of \$) (Reven	ue\$19	300.)
	Three day Respite conference and workshop for presentation practices, and training attended by 150 persons	ons, best	
	practices, and training attended by 150 persons		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 21604. including grants of \$) (Revenue \$)	
4e	Total program service expenses 115603.	Eorm	990 (2022)
232002	2 12-13-22	Form	(2022)
	З		

Form 990 (2					Foundation
Part IV	Checklist of	Required Sche	edules	;	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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			
	Schedule D, Parts XI and XII	12a		X
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		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. See instructions	17		_X_
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	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			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	3 12-13-22	Form	990	2022)

232003 12-13-22

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Form	aan	(2022)
FUIII	990	(2022)

			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		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		X 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	24a		<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	01-		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	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		x
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		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X X
	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 line 28a or 28b? If	00.0		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30	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	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	•.		<u> </u>
	Schedule N, Part II	32		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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	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 on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
232004	- 12-13-22		990	(2022)
	F			,

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Form	990 (2022) Respite for All Foundation **-*** t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	* * *	P	_{age} 5
			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
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?	7a		X
b	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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		
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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 the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.		0000	
232005	i 12-13-22	Form	990	(2022)

Form 990	(2022)
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Section A. Governing Body and Management

Respite for All Foundation

-**** Page 6

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.

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

 		X
	_	
	Yes	No
10		

					165	NU
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form S		filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 ap	opoint c	ne or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or			37
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-	37	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			•		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		······	9		л
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenue (</u>	<i>Joae.)</i>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
-	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 bod			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
b						
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	, ,		12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent			
	$\ensuremath{persons}$, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orgar exempt status with respect to such arrangements?		S	16b		
Sec	exempt status with respect to such arrangements?			100		
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, a	nd 990-	T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			enny)	avana	510
	X Own website Another's website Upon request Other (explain)	n on Sci	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	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 boo	oks and	records			
	Patricia Seay - 334-462-6566					
	2234 Myrtlewood, Montgomery, AL 36111					
232006	i 12-13-22			Form	990	(2022)
	7					

Part VII	Compensation of Office	ers, Directors,	Trustees,	Key Employees,	Highest Co	ompensated
	Employees, and Indep				•	•

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	l		(0	C)		ioutt	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss pei	more rson i	than is both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Patricia G Seay	2.00								0	0
Treasurer	1 00	Х		X		\vdash		0.	0.	0.
(2) Ann Elizabeth McGowin board member	1.00	x						0.	0.	0.
(3) Lynn Beshear	2.00					\vdash				
President	2.00	х		x				0.	0.	0.
(4) Elizabeth Crum	1.00									
Secretary		х						0.	0.	0.
(5) Jenny Ives	1.00									
Board member		х						0.	0.	0.
(6) Bishop Lawson Bryan	1.00									
Board member		х						0.	0.	0.
(7) Scott Bamman	1.00									
Board member		х						0.	0.	0.
(8) Bill Newton	1.00									
board member	1 00	X				-		0.	0.	0.
(9) Tom Watson	1.00								0	0
Board member (10) Rick Blanton	1.00	Х				-		0.	0.	0.
Board member	1.00	х						0.	0.	0.
(11) Warren Barrpw	0.00	^						0.	0.	0.
Board member	0.00	х						0.	0.	0.
(12) Charolotte Goodwin	0.00					\square				
board member		х						0.	0.	0.
(13) Theda Tankersley	0.00									
board member		Х						0.	0.	0.
			<u> </u>			-				
		1								
					-	\vdash				
		1								
222007 10 12 20	1				1	1	1	I	l	Form 990 (2022)

232007 12-13-22

Form 990 (2022)

14570707 150135 RFA EGR

	990 (2022) Respite f	or All	Fo	un	da	ti	on			**_***	* * *	Page 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	tees, Key Emp (B) Average hours per	(do		(C Posi heck r) ition	I than c	one	ompensated Employee (D) Reportable compensation	es (continued) (E) Reportable compensation	(F) Estima amour	ated
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee a	Offlicer pp b		Highest compensated	-	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	oth compen from organiz and rel organiza	sation the ation ated
									6			
									6			
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	0.0.0.		0.0.
2	Total number of individuals (including but no compensation from the organization) wh	o re	eceived more than \$100	000 of reportable	Ye	0 s No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual								-	3	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-	4	x
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fo	or su	ich p	berse	on .		-		5	X
1	Complete this table for your five highest cor the organization. Report compensation for t								the organization's tax y			
	(A) (B) (C) Name and business address NONE Description of services Compensation							ion				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos (e lis)	ted	above) who received m	ore than	- 000	

Form **990** (2022)

232008 12-13-22

Form	n 990) (2	2022) Res	spi	te for	A	11 Founda	ation		**_***	* * *	Page S
Pa	rt V	111										
			Check if Schedule O	<u>conta</u>	iins a respo	nse (or note to any lin	(A) Total revenue	(B) Related or exempt	(C)	(Revenue from ta	(D) e excluded ax under 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f <u>g</u>		ributic grant: d abov l lines 1:	1b 1c 1d pons) 1e s, and 1f a_1f 1g \$		283393. Business Code 561000	283393.	4262.			
Pro			All other program service					4000				
	3 4	g	Income from investment	ding of tax	lividends, i exempt bo	ntere nd p	st, and roceeds	4262. 16.	16.			
	7	b c d a	Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis	6a 6b 6c	(i) Rea		(ii) Personal					
Other Revenue		d	and sales expenses	7c ing even	ents (not of 1c). See	8a	40294.					
	9	c a	Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses	fundi ng act	raising ever ivities. See		43085.	-2791.			;	2791.
	10	c a b	Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold	gami less r	ng activitie eturns	10a 10b						
Miscellaneous Revenue	11	a b c d	All other revenue				Business Code					
232009	12		Total revenue. See instructi					284880.	4278.	0.		2791. 90 ₍₂₀₂₂

232009 12-13-22

Form 990 (2022) Respite for All Foundation
Part IX Statement of Functional Expenses

י הD	Check if Schedule O contains a respons	(A)	(B) Program service	(C) Management and	(D)
	Bb, 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				
0	Payroll taxes				
1	Fees for services (nonemployees):	30000.	24000.	4500.	1500
a	Management	50000.	24000.	4500.	1300
b		2045.	1636.	307.	102
с	Accounting	2045.	1030.	507.	102
d					
e	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 0.)	978.	782.	147.	49
2	Advertising and promotion	7334.	5867.	1100.	367
13	Office expenses	2886.	2309.	432.	145
4 -	Information technology	2000.	2309.	452.	140
15	Royalties				
16		3752.	3001.	563.	188
17	Travel	5752.	5001.		100
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	2864.	2291.	430.	143
19	Conferences, conventions, and meetings	2004.	2291.	430.	143
20					
21	Payments to affiliates	757.	606.	114.	37
22 23	Depreciation, depletion, and amortization	871.	697.	131.	43
	Insurance	071.		131.	
24	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.) Outside Contract Servic	56783.	20100.	36683.	
d h	Video Training Costs	50914.	50914.	50005.	
0	Other	1573.	1258.	236.	79
c d	Membership Dues	1540.	1232.	230.	79
d		2137.	910.	171.	1056
	All other expenses	164434.	115603.	45045.	3786
<u>5</u>	Total functional expenses. Add lines 1 through 24e	T04434.	TT2002.	40040.	5700
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)				

11

14570707 150135 RFA EGR

0.

369225.

369225.

30 0. 31

32

33

Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 3786. basis. Complete Part VI of Schedule D _____ 10a 2085. 2458. 1701. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 489671 369225. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 0. 26 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 27 Net assets with donor restrictions 28 28 X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 369225. 489671. 29 Capital stock or trust principal, or current funds 29

Respite for All Foundation

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

Cash - non-interest-bearing Savings and temporary cash investments

Pledges and grants receivable, net

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

Total liabilities and net assets/fund balances

_*** Page **11**

(A) Beginning of year

366767.

1

2

3

4

(B) End of year

487970.

0.

0.

0.

489671.

489671.

Form 990 (2022)

Form 990 (2022) Part X | Balance Sheet

1

2 3

4

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

Form	n 990 (2022)	Respite for All Foundation	**-	_ * * * * * * *	Pa	_{ge} 12
Pa	rt XI Rec	onciliation of Net Assets				
	Chec	k if Schedule O contains a response or note to any line in this Part XI				
						~ ~
1	Total reven	ie (must equal Part VIII, column (A), line 12)	1		848	
2	Total expen	ses (must equal Part IX, column (A), line 25)	2		644	-
3		s expenses. Subtract line 2 from line 1	3			46.
4		or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	692	25.
5		ed gains (losses) on investments	5			
6	Donated se	rvices and use of facilities	6			
7	Investment	expenses	7			
8	Prior period	adjustments	8			
9	Other chang	ges 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))		10	4	896	<u>71.</u>
Pa	rt XII Fina	ncial Statements and Reporting				
	Chec	c if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1	Accounting	method used to prepare the Form 990: X Cash Accrual Other				
	If the organ	zation changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the or	ganization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," ch	eck a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate ba	sis, consolidated basis, or both:				
	Sepa	ate basis Consolidated basis Both consolidated and separate basis				
b	Were the or	ganization's financial statements audited by an independent accountant?		2b		X
	If "Yes," ch	eck a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidate	d basis, or both:				
	🔄 Sepa	ate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to I	ne 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or c	ompilation of its financial statements and selection of an independent accountant?		2c		
	If the organ	zation changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of	of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Gu	dance, 2 C.F.R. Part 200, Subpart F?				X
b		the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, ex	plain why on Schedule O and describe any steps taken to undergo such audits		3b		
				Form	990	(2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

/ F	000
(Form	990)

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/Form99	0 for instructions and	I the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name	e of t	he organization		1					identification number * _ * * * * * * *	
Par	+ 1	Resp Reason for Public C		1 Foundation	omplata th	nia part) Sa	o instruction		<u> </u>	
								15.		
Г	rgan	ization is not a private found					V A V:V			
1 [0 [A church, convention of chu				i)(a)011 n)(A)(I).			
2 [A school described in secti				/L\/4\/A\/:::	、			
3 [A hospital or a cooperative A medical research organiza					-	VIII) Entor	the bespital's name	
4 [city, and state:	ation operated in cor		described	III Section	1 170(D)(1)(A		the hospital's hame,	
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). (C								
6 [_ [A federal, state, or local gov	-							
7 [An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
o [section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8 [-			-		action with a	land grant		
9 [An agricultural research org						-	-	
		or university or a non-land-g university:	grant college of agrici			lame, city,	and state of	the college	, OI	
10 [x	An organization that normal	Ily receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	s membersh	in fees and	d aross 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). (Cor		(,aa		
11 [An organization organized a	. ,	velv to test for public sa	fetv. See	section 50	9(a)(4).			
12		An organization organized a	-	•	· · · · · · · · · · · · · · · · · · ·			rry out the	purposes of one or	
		more publicly supported or	-		-			•		
		lines 12a through 12d that	- describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	oorted orga	nization(s), t	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direct	ors or truste	es of the su	ipporting	
		organization. You must c	complete Part IV, Se	ctions A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	trol or mana	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	lly integrate	d with,	
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A, I	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	l an attentiv	veness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part \	Ι.			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[]	
f		er the number of supported o	•							
g		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other	
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)	
				above (see instructions))	103					
Total									1	

Schedule A	(Form	990)	2022

Respite for All Foundation

	art II Support Schedule for	Organizations			b)(1)(A)(iv) and	1 170(b)(1)(A)(v	i)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify	under Part III. If the	organization
	fails to qualify under the tests						
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
5	The portion of total contributions						
5	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)						
~	•••						
<u>6</u> So	Public support. Subtract line 5 from line 4. ction B. Total Support						
		() 22/2	(1) 00 (0	()		()	(1)
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi		-			1 1	
14	Public support percentage for 2022 (I					14	%
15	Public support percentage from 2021					15	%
16a	a 33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
ł	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	a 10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatic	on qualifies as a pu	blicly supported o	rganization		
t	o 10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s t	top here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qua	alifies as a publicly	supported organi	zation	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

	(Form 990)					Foundatio	-
Part III	Support	Schedule	for Organiza	tions D	escribe	ed in Section $\$$	509(a)(2)

Respite for All Foundation

(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.)

Section A. Public Support (b) 2019 (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 172446. 80862 282185. 283393. 818886. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 3760. 3760. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 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 80862. 282185. 172446. 287153. 822646. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 822646. Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 172446. 80862. 282185. 287153. 9 Amounts from line 6 822646. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 11 16. 27. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 11 16. 27. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 172457. 80862. 282185. 287169. 822673. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 100.00 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 100.00 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22 16

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Respite for All Foundation

1

2

3a

Yes No

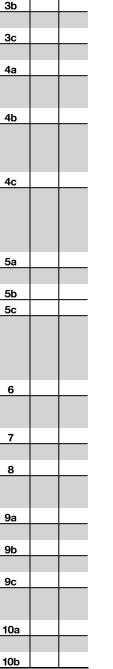
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Schedule A (Form 990) 2022

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Form 990) 2022	Respite	for	A11	Foundation

1

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Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c t	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, 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	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,

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

Schedule A

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 ergenization(s)	1

Section 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			
	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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sa	atisfy the Integral Part Test during the yea	r (see instructions).

- a ____ 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 governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022Respite for All FoundationPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970(<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections 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		
	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		
е	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 0.015 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 0.035.	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 0.85 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 organ	nization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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 purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2022 from Section C. line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-			T	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
				Sc	hedule A (Form 990) 2022

Respite for All Foundation Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

1

Current Year

Schedule A (Form 990) 2022

Section D - Distributions

Schedule A (Form 990) 2022	Respite	for Al	1 Foundation	**_****	Page 8
Part VI	Supplemental Int Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	formation. Proves 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; F	ride the explar 4c, 5a, 6, 9a, 9 Part IV, Sectior	nations required by Part II, li 9b, 9c, 11a, 11b, and 11c; F n E, lines 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section I 3b; Part V, line 1; Part V, Section B, line 1e; Par e this part for any additional information.	C,
	(See instructions.)					
					/	
		4		•		
232028 12-09-22					Schedule A (Form 9	90) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

* _ * * * * * * *

*

Name		iyai	IIZau	ULI	

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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.

Respite for All Foundation

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 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 for an *exclusively* set in the set of the set of the parts unless to the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

_***

Respite for All Foundation

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

3 Bhares of publicly traded securities (a) (b) Part i (c) (b) (c) (c) FWV (or estimate) (c) (c) (c) FWV (or estimate) (c) FWV (or estimate) (c) (c) (c) FWV (or estimate) (c) (c) (c) FWV (or estimate) (c) (c) (c) (c) (c) FWV (or estimate) (c) (c) (c) (c) (c) FWV (or estimate) (c) (c) (c) FWV (or estimate) (c)	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) (b) (c) (f) from Description of noncash property given (c) FMV (or estimate) (g) (a) (b) (c) (c) (c) (a) (b) (c) (c) (d) (b) Description of noncash property given (c) (d) (a) (b) (c) (d) (b) Description of noncash property given (c) (d) (a) (b) (c) (c) (d) (b) Description of noncash property given (c) (d) (a) (b) (c) (c) (d) (b) Description of noncash property given (c) (d) (a) (b) (c) (d) (b) Town (c) (d) (a) (b) (c) (d) (b) Description of noncash property given (c) (d) (a) (b) (c) (c) (d) (b) Description of noncash property given (c) (d) (b) Description of noncash property given (c) (d) (b) Description of noncash property given (c) (f) (b) Description	3	Shares of publicly traded securities		
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No. (b) (c) (d) from Description of noncash property given (See instructions.) Date received			\$	
	No. from		FMV (or estimate)	

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lame of o	rganization		Employer identification number				
Respit	te for All Foundation		**_*****				
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns	Itions to organizations described in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious	charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additiona	Il space is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		-					
-							
		(e) Transfer of gift	4				
	Transferee's name, address,	and $\mathbf{7IP} + 4$	Relationship of transferor to transferee				
ľ							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1 0111							
-		(1) True (1) (1)					
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
Ī							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
ŀ	(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			(d) Description of now girl is need				
		.					
		-					
[(e) Transfer of gift						
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
223454 11-15	j-22		Schedule B (Form 990) (2022				

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SCHEDULE	D
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Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Employer identification number **ب** ب بالرجار والرجار والرجار والرجار

Inspection

OMB No. 1545-0047

4 Open to Public

	Respite for All For	undation		**_******
Par			Account	S. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	.	(a) Donor advised funds	(b) Funds	s and other accounts
1	Total number at end of year		. ,	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised f	unds	
Ū	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o		-	
			~	Yes No
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recrea		istorically in	nportant land area
	Protection of natural habitat	Preservation of a c		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservatio	on easement on the last
-	day of the tax year.			leid at the End of the Tax Year
а	Total number of conservation easements			
b				
c	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
u			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org		uring the tax
5		eased, extinguished, or terminated by the org		uning the tax
4	year Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
5	violations, and enforcement of the conservation easements it	L - L - O		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
0	Stan and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	alion easen	ients during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	opeomonte	during the year
'	Amount of expenses incurred in monitoring, inspecting, hand		casements	during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section $170(h)(A)$)(B)(i)	
0	· · · · · · · · · · · · · · · · · · ·			Yes No
9	In Part XIII, describe how the organization reports conservation	an accomenta in ita rayanya and averages atat		
9	balance sheet, and include, if applicable, the text of the footr	-		has tha
	organization's accounting for conservation easements.		that describ	
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Other	r Similar	Assets.
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		nalanco sho	et works
Ia	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar		erance of pu	IDIIC
h			noo choot u	iorkia of
b	If the organization elected, as permitted under FASB ASC 95 ortheitorical traceurse, or other similar assets held for public			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of publi	c service,
	provide the following amounts relating to these items:		•	
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre		in, provide	
	the following amounts required to be reported under FASB A	•	•	
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	S	chedule D (Form 990) 2022
232051	09-01-22	27		
		27		

Sche		for All Fo					_ * * * *		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Othe	r Similar As	ssets ₍	continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	he following that	t make s	ignificant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	c	l 📃 Loan or	exchange progra	am				
b	Scholarly research	e	e 🗌 Other_						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organization	on's exe	mpt purpose ir	Part XII		
5	During the year, did the organization solicit of	or receive donations of	of art, historical 1	reasures, or othe	er simila	r assets			
_	to be sold to raise funds rather than to be ma							/es	No
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered	"Yes" or	n Form 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custod								<u> </u>
	on Form 990, Part X?						. LI Y	/es	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				•		
	2 · · · · ·						A	mount	
c	Beginning balance								
a	Additions during the year								
-	Distributions during the year								
f On	Ending balance							/es	No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.					• · · · · · · · · · · · · · · · · · · ·	[] י	es	
Par									
		(a) Current year	(b) Prior yea			(d) Three years	back (e) Four v	ears back
1a	Beginning of year balance	((-,			(-,		, ,	
h	Contributions								
c c	Net investment earnings, gains, and losses								
J h	Grants or scholarships								
e	Other expenditures for facilities								
Ũ	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1a. colum	n (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse		ation that are hel	d and administer	red for th	ne			
	organization by:						_	Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule	R?			[3b	
4	Describe in Part XIII the intended uses of the	u .	wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11	a. See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr	• • •	Cost or other asis (other)		Accumulated	(d) Book \	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
-	Other			3786.		2085	•		1701.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, column (B), lii</u>	ne 10c.)					1701.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Respite for Part VII Investments - Other Securities.	All Foundat:	ion	**_****** Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
 (1) Financial derivatives (2) Cleasely hold aguity interacts 			
(2) Closely held equity interests(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11c. See Form 990. Part X. line 13	3.
(a) Description of investment	(b) Book value		t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990. Part X. line 1	5.
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	* 		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)		
 Liability for uncertain tax positions. In Part XIII, provide 			
organization's liability for uncertain tax positions unde			

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Sche	dule D (Form 990) 2022 Respite for All Foundation	**-****** Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	-
h	Drier voar adjustmonte	26	

b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		 	 2e	
3	Subtract line 2e from line 1		 	 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		 	 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		 	 5	
Par	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

30

SCHEDULE I			irants and Oth					OMB No. 1545-0047
(Form 990)			vernments, an ete if the organization					2022
Department of the Treasury		Comp		Attach to Forn				Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organizat	ion Respite f	or All Fo	undation					Employer identification number **_******
Part I General I	nformation on Grants a							
1 Does the organi	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assis	tance, and the selecti	on
criteria used to a	award the grants or assis	tance?						X Yes 🗌 No
2 Describe in Part	IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
	d Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Par	IV, line 21, for any
· · ·		,	•		1	(f) Method of	(r) Description of	(h) Durness of grant
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					0			
			*					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Respite for All Foundation Schedule I (Form 990) 2022 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. **(e)** Method of valuation (book, FMV, appraisal, other) (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Part III

RFA ask grantees to verify the seed grants were used for program start up

expenditures in writing.

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Page 2

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization	Respite for All Foundation	Employer identification number **_****
Form 990, Par	t I, Line 1, Description of Organization Miss	ion:
<u>persons</u> suffe	ring from Alzeimers and other forms of dement	ia and their
caregivers.		
Form 990, Par	t III, Line 1, Description of Organization Mis	ssion:
shared best p	ractices.	
		-
Form 990, Par	t III, Line 4d, Other Program Services:	
Ongoing suppo	rt for Respite organizations, admin and best	oractices
support		
Expenses \$ 21	604. including grants of \$ 0. Revenue \$ 0	•
Form 990, Par	t VI, Section B, line 11b:	
The Executive	Director distributes a draft of the 990 to the	he board members
via email and	secures comments and approval to electronical	lly file.
Form 990, Par	t VI, Section C, Line 19:	
RFA posts its	990 on its website	
Explanation C	ode 11	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

232211 10-20-22

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 99	orm 990 Page 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services														
1	Laptop and printer	03/13/20	SL	5.00		16	1286.				1286.	471.		257.	728.
2	Desk and credenza	04/09/20	SL	5.00		16	1449.				1449.	507.		290.	797.
3	Laptop #2	04/17/20	SL	5.00		16	1051.				1051.	350.		210.	560.
	* 990 Page 10 Total Program Services						3786.				3786.	1328.		757.	2085.
	* Grand Total 990 Page 10 Depr						3786.				3786.	1328.		757.	2085.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone