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CLIENT'S COPY

## Form 8879-TF

# THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning

, 2023, and ending

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN Respite for All Foundation \*\*\_\*\*\*\* Name and title of officer or person subject to tax Scott Bamman President Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here ..... 5a Form 990-T check here ..... 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here ..... 9a **b Tax due** (Form 5330, Part II, line 19) Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (extilement) date. Lates authorize the financial institutions involved in the processing of the electronic later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize Edward G Reifenberg CPA 45712 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 63582245711 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

ERO's signature

### Form **8868**

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

Electr	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to fi	ile any of	the forms	
listed b	pelow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts.	An extension	
reques	t for Form 8870 must be sent to the IRS in a paper format (	see instru	ctions). For more details on the elect	ronic filin	g of Form	
8868, °	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-j	orofits.				
Cautio	n: If you are going to make an electronic funds withdrawal (	direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE for	payment
instruc	tions.					
All cor	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	
<u>must ι</u>	se Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I	- Identification					
Type o	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identification num	ber (TIN)
Print						
File by th	Respite for All Foundation				**_***	* *
File by th due date	for Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
filing you return. S						
instructio		reign addr	ress, see instructions.			
	Montgomery, AL 36111-1728					
Enter t	he Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applic	ation Is For	Return	Application Is For			Return
• •		Code				Code
Form 9	990 or Form 990-EZ	01	Form 4720 (other than individual)			09
	720 (individual)	03	Form 5227			10
Form 9	,	04	Form 6069			11
	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	990-T (trust other than above)	06	Form 5330 (individual)		13	
	990-T (corporation)	07	Form 5330 (other than individual)			14
Form 1	· · ·	08	Torri occo (otrici triari maividadi)			17
	you enter your Return Code, complete either Part II or Part		including signature is applicable o	nly for an	extension of	
	file Form 5330.	t III. I ait III	, including signature, is applicable of	iny ioi an	CALCITSION OF	
	s application is for an extension of time to file Form 5330, y	ou must a	ater the following information			
	Plan Name	ou must ei	tter the following information.			
	Plan Number					
			<del></del>			
	Plan Year Ending (MM/DD/YYYY)		a a instance if any l			
	Automatic Extension of Time To File for Exempt Organi books are in the care of Patricia Seay	izations (s	ee instructions)			
ine	2234 Myrtlewood	Mont	gomery AT 36111	$\overline{}$		
T-1	ephone No. 334-462-6566	MOIIC	~			
			Fax No.			
	e organization does not have an office or place of business					
	is is for a Group Return, enter the organization's four-digit (				or the whole group,	
box	. If it is for part of the group, check this box		ch a list with the names and TINs of			
	· —		er 15 , 20 <u>24</u> , to file	e the exen	npt organization ref	turn for
	the organization named above. The extension is for the organization	anization's	return for:			
Ŀ	$\stackrel{X}{=}$ calendar year 20 $\stackrel{2}{=}$ or					
L	tax year beginning	, 20 _	, and ending			20
2 [	f the tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	Final retu	rn	
	Change in accounting period					
3a	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			_
3	any nonrefundable credits. See instructions.			3a	\$	0.
b I	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_
<u> </u>	estimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c l	Balance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			
	using EETDS (Flootronic Fodoral Tay Daymont System) Soc	inctructio	ne	20	l ¢	0.

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND 140. 1343 0047
2023
Open to Public
Inspection

Αŀ	or the	2023 calendar year, or tax year beginning	and	ending		
	Check if opplicable	C Name of organization			D Employer identific	eation number
Г	Addres	Respite for All Foundat	ion			
F	Name change				**_***	**
F	Initial return	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite	E Telephone number	
	Final return/	2622 Fernway Drive			334-440-9	
_	termin ated		IP or foreign postal code		G Gross receipts \$	640996.
	turn					
	Application	F Name and address of principal officer: DCOC	t Bamman		for subordinates	? Yes X No
	pendin	g same as C above			H(b) Are all subordinates in	cluded? Yes No
<u> 1                                   </u>	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_	<b>Nebsit</b>				H(c) Group exemption	
	orm of	organization: X Corporation Trust Ass Summary	ociation Other	<b>L</b> Year	of formation: 2019  N	State of legal domicile: AL
_	1	Briefly describe the organization's mission or most s	ignificant activities: RFA	seeks	to prolifera	ite and
Activities & Governance		<u>nuture a faith based volun</u>	<u>teer model in c</u>	ommuni	ties for su	oport of
rna	2	Check this box if the organization discont	inued its operations or dispos	ed of more	than 25% of its net ass	
ove.		Number of voting members of the governing body (F			3	14
<u>ග</u> න		Number of independent voting members of the gove				14
es		Total number of individuals employed in calendar ye				1
ΞΞ		Total number of volunteers (estimate if necessary)				0
Act		Total unrelated business revenue from Part VIII, colu				0.
	d	Net unrelated business taxable income from Form 9	90-1, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			283393.	521265.
Jue	l				4262.	36271.
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		16.	10135.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			-2791.	33881.
	1	Total revenue - add lines 8 through 11 (must equal P		284880.	601552.	
		Grants and similar amounts paid (Part IX, column (A)			0.	60000.
	1	Benefits paid to or for members (Part IX, column (A),			0.	0.
ý	45	Salaries, other compensation, employee benefits (Pa			0.	81796.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			0.	0.
É	b	Total fundraising expenses (Part IX, column (D), line	222			
Û	''	Other expenses (Part IX, column (A), lines 11a-11d, 1			164434.	180014.
		Total expenses. Add lines 13-17 (must equal Part IX,			164434.	321810.
	19	Revenue less expenses. Subtract line 18 from line 12	2		120446.	279742.
Net Assets or				Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)			489671.	815251.
let A	21	Total liabilities (Part X, line 26)	00		0. 489671.	45834. 769417.
P	22 art II	Net assets or fund balances. Subtract line 21 from li Signature Block	ne 20		403071.	709417•
		Ities of perjury, I declare that I have examined this return, in	ncluding accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer)				Milowidago ana bonon, it io
Sig	n	Signature of officer			Date	
Her		Scott Bamman, President				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	X PTIN
Paid	I	P00019626				
Prep	arer	Firm's name Edward G Reifenber	g CPA		Firm's EIN *	*_***
Use	Only	Firm's address 2134 Vaughn Lane			_	
		Montgomery, AL 361			Phone no. 33	4-462-6566
May	/ the IF	RS discuss this return with the preparer shown above	e? See instructions			Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Respite for All Foundation works to inspire, incubate, and support
	Respite Volunteer Ministries for communities seeking to minister to
	persons living with Alzheimer's and other forms of dementia and their
	caregivers. RFA does this through providing funding , education, and
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Held a "Brain Science Luncheon" with a national recognized researcher
	in the field of dementia attended by 500 people. This is an
	accomplishment, but held every year as a fund raiser, costing 69,825 in
	fund raising expenses and raising 73,925 in contributions and
	sponsorships.
4b	(Code:) (Expenses \$194459 • including grants of \$60000 • ) (Revenue \$)
	Started 6 new Respite progams in 6 different states including training
	staff and volunteers, providing best practices materials and funding
	start up seed grants.
4c	(Code:) (Expenses \$ 30239. including grants of \$
	Held three day Respite conference and workshop for presentations, best
	practices, and training attended by 75 persons
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 8954 • including grants of \$ ) (Revenue \$ 13617 • )
4e	Total program service expenses 233652.
	Form <b>990</b> (2023)

# Form 990 (2023) Respite for All Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
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	<u> </u>		
	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,	Ť		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		Х
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		<del></del>
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the approximation projection on office approximation of the Helical Obstace			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^</del>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>.</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Ves   No   Part   Column (A), line 2? If Yes, *complete Schedule (, Parts   and   M   22   X   X   X   X   X   X   X   X	Pai	Checklist of Required Schedules (continued)			
Part IX. Column (A), line 27 of "res," compilers Schedule I, Parts I and III and III and III and III and Irremore Officers, direction, fuseless, key employees, and highest compensation of the organization assuremt and former officers, direction, fuseless, key employees, and highest compensation of the organization assuremt and former officers, direction, fuseless, key employees, and highest compensation of the last day of the year, that was issued after December 31, 2002? If "res," cancer lines 240 through 240 and complete Schedule K. If "No." go to line 25a.  24b D bit the organization invest any proceeds of face-exempt bonds beyond a temporary period asception?  24c D bit the organization mixed any proceeds of face-exempt bonds beyond a temporary period asception?  24d D bit the organization are assort ascount other than a returning escrow at any time during the year?  24d D bit the organization are assort as account other than a returning escrow at any time during the year?  24d D bit the organization and assort as a "on behalf of" issuer for bonds outstanding at any time during the year?  24d D bit the organization are assort as account other than a returning escrow at any time during the year?  25d D bit the organization are assort as a "on behalf of" issuer for bonds outstanding at any time during the year?  25d D bit the organization are assort as a "on behalf of" issuer for bonds outstanding at any time during the year?  25d bit the organization are than a development of the organization engage in an excess benefit transaction with a device of the organization and the any time during the year?  25d bit the organization expert and 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 of many time there of any of these persons? If "yes, "complete Schedule I, Part III"  25d D bit the organization receive mere fars \$25.000 in noncash contributions? If "yes,"				Yes	No
23 Did the organization answer "Nest 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 I, Part II but 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 veganization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the veganization was some proceeds of flax exempt bonds?  24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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, tustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K. If "No," go to line 25a.  25 Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception?  26 Did the organization invest any proceeds of tax exampt bonds beyond a temporary period exception?  27 Did the organization amartan an escrive account other than a refunding escrive at any time during the year to detease any tax-eventy bonds?  28 Section \$5(104), and \$501(2)29 organizations. But the organization line they see?  29 Did the organization and the tax engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  29 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  29 Did the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  29 Did the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  29 Did the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  29 Did the organization organization or part A year and or other assistance to any current or former organization and any current or former office, director, trustate, key employee, creator or former office, director, trustate, key are proper, exception or former office, director, trustate, key are proper, exception or former office, director, trustate, key are proper, exception or form		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X    b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I   25b   X    25 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 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					├─
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 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 I, Part II 26 X X 2 Y 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 or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X 2 Was the organization a party to a business transaction with one of the following parties? (See the Schedule I, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28 X X X X X X X X X X X X X X X X X X		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Schedule L, Part I   25b   X    10	b				
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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		Schedule L, Part I	25b		X
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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? // *Yes,* complete Schedule L, Part II, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // if *Yes,* complete Schedule L, Part IV	27	, , ,			
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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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization individual, etrminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization one 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 II  32 Did the organization readed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, IIne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule B, Part V, IIne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exemp			27		x
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"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a?   f *Yes," complete Schedule L, Part IV   28b   X    c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   f   "Yes," complete Schedule L, Part IV   28c   X    29 Did the organization receive more than \$25,000 in noncash contributions?   f *Yes," complete Schedule M   29	_				
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive more than \$25,000 in noncash 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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 I  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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)?  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 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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V II  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes, "complete Schedule R, Part V II  39 Did the organization conduct more th	_				
"Yes," complete Schedule L, Part IV  28c			28b		<u> </u>
Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	С	,			l
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  56 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, Iine 2  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, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19?  Ves Note: All Form 990 filers are required to complete Schedule O for Part VI iines 11b and 19?  Ves Note: All Form 990 filers are required to complete Schedule O for Part VI iines 11b and 19?  Ves Note: All Form 990 filers are required to complete Schedule O for Part VI iines 11b and 19?  Ves Note: All Form 990 filers are required to complete Schedule O for Part VI iines 11b and 19?  Ves Note: All Form 990 filers are required to co			28c		
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
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Respite for All Foundation <u>Page</u> **5** Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

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

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

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

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?

If "Yes," complete Form 6069.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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?

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

Form **990** (2023)

X

X

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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 Section A. Governing Body and Management Yes No 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Patricia Seay - 334-462-6566

Form **990** (2023)

36111

AL

2234 Myrtlewood, Montgomery,

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

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

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

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

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

- 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.

(A)	(B)			(C Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per	(do box	(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week	offi				r/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ruste	ıl trus		,ee	m pen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	idual t	Institutional trustee	J.	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former			
(1) Daphne Johnston	40.00									
Executive Director				Х				77000.	0.	0.
(2) Patricia G Seay	2.00	<u> </u>								
Treasurer		Х		Х				0.	0.	0.
(3) Bishop Lawson Bryan	1.00									
Board member		Х						0.	0.	0.
(4) Tom Watson	1.00	1								_
Board member		Х						0.	0.	0.
(5) Warren Barrow	1.00	ļ								
Board member	1 00	Х						0.	0.	0.
(6) Fayron Epps	1.00	l								
Board member	1 00	Х						0.	0.	0.
(7) Daniel Lindsey	1.00	ļ								•
Board member	1 00	Х						0.	0.	0.
(8) Andrea McCain	1.00	٠,,								0
Board member	1 00	Х						0.	0.	0.
(9) SuSu Millsap	1.00	х						0.	0.	0
Board member (10) Bill Parker	1.00	A						0.	0.	0.
Board member	1.00	Х						0.	0.	0.
(11) Anne Warren	1.00	^						0.	0.	<u> </u>
Board member	1.00	х						0.	0.	0.
(12) Lynn Beshear	1.00	^						0.	0.	· ·
Board member	1.00	Х						0.	0.	0.
(13) Scott Bamman	2.00							0.	0.	<u></u>
President	2.00	x		х				0.	0.	0.
(14) Bill Newton	1.00									•
Board member	1100	х		х				0.	0.	0.
(15) Elizabeth Crum	1.00	<del> </del>							· ·	•
Secretary		х		х				0.	0.	0.
-		1								
		1								
								_	•	= 000 (2222)

Form 990 (2023)

(A)  Name and title	(B) Average			(C Posi	<b>)</b> ition			(D) Reportable	(E) Reportable	(F) Estima	ted
	hours per week (list any hours for related organizations below line)	tee or director	, unles	ss per	son i recto	Highest compensated some some some some some some some some	an tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	ation amou ated oth tions compen MISC/ from	
	iii ic)	Ë	î.	JO.	Ke	e Hi	Fo				
		-									
		$\square$									
		$\vdash$									
		-									
		$\square$									
		$\vdash$									
1b Subtotal								77000.	0		0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								77000.	0.		0.
2 Total number of individuals (including but										1	
compensation from the organization										Yes	0 No
3 Did the organization list any former office			•	•	•		_	•	•		
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the										3	X
and related organizations greater than \$1	50,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	or such individual		4	Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co										5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest of the organization. Report compensation for	•	-							· · · · ·	ation from	
(A)								(B)		(C)	
Name and busines	s address	NC	ONE	<u>.</u>				Description of s	ervices	Compensati	<u> </u>
							$\dashv$				
							4				
2 Total number of independent contractors		ot lin	nited	l to t	_		ted	above) who received mo	ore than		
\$100,000 of compensation from the organ	nization					,				Form <b>990</b>	(2023)

332008 12-21-23

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 521265. 1f g Noncash contributions included in lines 1a-1f 521265. h Total. Add lines 1a-1f **Business Code** 27478. 27478. 2 a Conference Registratio 611430 Program Service Revenue ь Video Training 561000 8793. 8793. f All other program service revenue ..... 36271. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 4824. 4824. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 5311. assets other than inventory 7a **b** Less: cost or other basis 0. Other Revenue and sales expenses 5311. c Gain or (loss) \_\_\_\_\_\_7c 5311. 5311. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 73325. Part IV, line 18 **b** Less: direct expenses 33881. 33881. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

332009 12-21-23

39192. Form **990** (2023)

601552.

**12 Total revenue.** See instructions

41095.

\*\*\_\*\*\*

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 60000. 60000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 77000. 38500. 15400. 23100. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 4796. 2398. 959. 1439. 10 Payroll taxes Fees for services (nonemployees): 59767. 54667. 5100. Management 2703. 2703. Legal 1751. 1751. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 7574. 7574. Advertising and promotion 12 8166. 8166. Office expenses 13 38338. 28024. 9151. 1163 Information technology 14 15 Royalties 16 Occupancy 9223. 9223. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 801. 801 20 Payments to affiliates 21 3351. 3351. Depreciation, depletion, and amortization 22 1173. 1173. 23 Other expenses. Itemize expenses not covered 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 O.) 15432. 15432. RFA Conference-food, ho RFA Conference facility 6454. 6454. 6000. 6000. Bishop's Initiative-fee d RFA Conference speaker 4300. 4300. 14981. 8654. 2448. 3879 e All other expenses 321810. 233652. 57776. 30382. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

art 2	^	Balance Sneet							
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X		<u>.</u>			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			487970.	1	554898		
:	2	Savings and temporary cash investments				2			
;	3	Pledges and grants receivable, net				3			
4	4	Accounts receivable, net			4				
(	5	Loans and other receivables from any current of							
		trustee, key employee, creator or founder, sub-							
		controlled entity or family member of any of the	ese perso	ons		5			
(	6	Loans and other receivables from other disqua	sons (as defined						
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6			
2   7	7	Notes and loans receivable, net				7			
122617	8	Inventories for sale or use				8			
ž   9	9	B ::				9			
10	0a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	7136.					
	b	Less: accumulated depreciation	10b	7136.	1701.	10c	(		
1.	1	Investments - publicly traded securities				11	259634		
12	2	Investments - other securities. See Part IV, line	11			12			
1:	3	Investments - program-related. See Part IV, line	11			13			
14	4	Intangible assets		14	719				
14	5	Other assets. See Part IV, line 11		15					
10	6	Total assets. Add lines 1 through 15 (must eq	489671.	16	815251				
17	7	Accounts payable and accrued expenses				17	(		
18	8	Grants payable			18				
19	9	Deferred revenue				19	43340		
20	0	Tax-exempt bond liabilities				20			
2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21			
22	2	Loans and other payables to any current or for	mer offic	er, director,					
<b>[</b>		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%					
		controlled entity or family member of any of the	ese perso	ons		22			
1 2	3	Secured mortgages and notes payable to unre				23			
24	4	Unsecured notes and loans payable to unrelate	ed third p	parties		24			
2	5	Other liabilities (including federal income tax, p	ayables t	o related third					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X	_				
					0.	25	2494		
20	6	Total liabilities. Add lines 17 through 25			0.	26	45834		
٠		Organizations that follow FASB ASC 958, ch	eck here						
2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		and complete lines 27, 28, 32, and 33.							
2	7					27			
1 2	8	Net assets with donor restrictions				28			
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here X					
:		and complete lines 29 through 33.			400684		E 60.44		
29	9	Capital stock or trust principal, or current fund		489671. 0.	30	769417			
3 3			aid-in or capital surplus, or land, building, or equipment fund						
ξ   3·		Retained earnings, endowment, accumulated i			0.	31	7.60.415		
_		Total net assets or fund balances		ı	489671.	32	769417		
33	3	Total liabilities and net assets/fund balances			489671.	33	815251		

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>015</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		218	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>797</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	896	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7	694	16.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** 

#### Name of the organization Respite for All Foundation \*\*\_\*\*\*\* Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> 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	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					T I	
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o						
	<b>stop here.</b> The organization qualifies		-				
D	33 1/3% support test - 2022. If the contract the support test - 2022 is the	-					
47.	and <b>stop here.</b> The organization qual	•			- 40 40 40-		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•	•	vi now the organiz	zauon
L	meets the facts-and-circumstances te	-	•	*	-	170 and line 15 :-	L
O	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
12	organization meets the facts-and-circu <b>Private foundation.</b> If the organization		-				
18	rivate iounuation. Il the organization	n did not check a	DOX OF HIRE 13, 10	a, 100, 17a, 01 171	o, oneon this box a		(Form 990) 2023

\*\*\_\*\*\*\*\*

# Schedule A (Form 990) 2023 Respite for All Foundation | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	elow, please comple	ete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and	, ,	`,	`,	,	,	,,
membership fees received. (Do not						
include any "unusual grants.")	172446.	80862.	282185.	283393.	624590.	1443476.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				3760.	4824.	8584.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	172446.	80862.	282185.	287153.	629414.	1452060.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						1452060.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	172446.	80862.	282185.	287153.	629414.	1452060.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11.			16.	4824.	4851.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11.			16.	4824.	4851.
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	172457.	80862.	282185.	287169.	634238.	1456911.
14 First 5 years. If the Form 990 is for the	ne organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organizatio	on,
Section C. Computation of Publ	ic Support Perc	entage				
15 Public support percentage for 2023 (		•	olumn (f))		15	99.67 %
16 Public support percentage from 2022					16	100.00 %
Section D. Computation of Inves						
17 Investment income percentage for 20				T T	17	.33 %
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						
more than 33 1/3%, check this box at b 33 1/3% support tests - 2022. If the						nd X
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a b	ox on line 14, 19a,	or 19b, check this	s box and see inst	ructions	

\*\*\_\*\*\*

### 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.)

	Yes	No
1		
•		
2		
3a		
Sa		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (For	m 990)	2023

Sche	dule A (Form 990) 2025 Respice for Aff Toundacton	_****	* Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			· ·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		I	
			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			
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functional		ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

	rt V   Type III Non-Functionally Integrated 509		nizations (continu	ued)	" = " " Page "				
Sec	tion D - Distributions		(OOTTERNE		Current Year				
1	Amounts paid to supported organizations to accomplish exe								
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	3							
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets 4							
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-			T					
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
а	From 2018								
b	From 2019								
С	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а	Excess from 2019								
b	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
	Excess from 2023								

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Respite for All Foundation

2020

\*\*\_\*\*\*\*

Organization type (check one):									
Filers of	Filers of: Section:								
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization							
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
		527 political organization							
Form 99	0-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
Note: O	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules								
X	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$								
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2023)

Employer identification number

# Respite for All Foundation

\*\*\_\*\*\*\*

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Shares of publicly traded securities		
2			
		\$\$	12/27/20
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\ \\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
453 12-26		*	Schedule B (Form 990) (20

Schedule B (Form 990) (2023) Page **4** 

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury 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 the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Respite for All Foundation

**Employer identification number** \*\*\_\*\*\*\*

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the
	, , , <u>, , , , , , , , , , , , , , , , </u>	(a) Donor advised	funds	(b) Funds 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 w	riting that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributi	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С				2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and	d not	
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	cing conservation eas	sements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of	f section 170(h)(4)(B)(i)	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fir	nancial statements tha	at describes the
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, o	r research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descri	bes these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue s	tatement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) A			•
2	If the organization received or held works of art, historical trea-	sures, or other similar ass	ets for financial gain, p	orovide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

7136. 0

Schedule D (Form 990) 2023

(d) Book value

e Other

(a) Cost or other

basis (investment)

(b) Cost or other

basis (other)

7136.

Description of property

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

(c) Accumulated

depreciation

escription of security or category (including name of security)	(b) Book value		
	(b) book value	(c) Method of valuation: Cost or	end-of-year market value
ancial derivatives			
osely held equity interests			_
ner			
	_		
	_		
	_		
Col. (b) must equal Form 990, Part X, line 12, col. (B))			
VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	_		
	_		
Other Assets Complete if the organization answered "Yes	s" on Form 990, Part IV, line a) Description	11d. See Form 990, Part X, line 15.	(b) Book value
(Column (b) must equal Form 990, Part X, line 15, or X Other Liabilities			
Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, line	THE OF THE SEE FORM 990, Part X, line	(b) Book value
Federal income taxes			(b) DOOK value
Payroll tax liabilities			323
Visa overpayment			-74
(Column (b) must equal Form 990, Part X, line 25, c		the organization's financial statemen	249

Schedule D (Form 990) 2023

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury	·						Open to Public Inspection		
Internal Revenue Service		o www.irs.go	v/Form990 for instruc	tions	and th	ne latest information	າ.		
Name of the organization		for Al	1 Foundation	n				**_***	entification number
		Complete if	the organization answe		'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E.	Z filers are not
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>X Mail solicitations</li> <li>X Solicitation of non-government grants</li> <li>X Internet and email solicitations</li> <li>X Solicitation of government grants</li> <li>X Phone solicitations</li> <li>X Special fundraising events</li> <li>X In-person solicitations</li> <li>Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>Yes</li> <li>No</li> <li>If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>									
(i) Name and address or entity (fund		(	ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

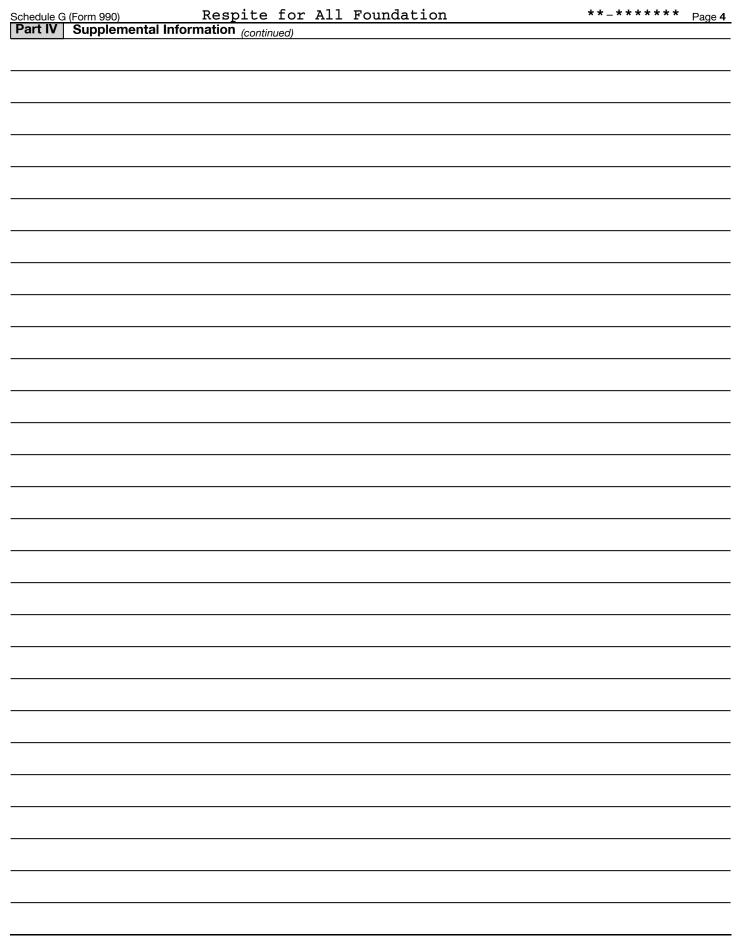
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Total

Pa	irt	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1 Brain Science Lunc	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(2.2	(=======	(**************************************	
Revenue	1	Gross receipts	73325.			73325.
_	2	Less: Contributions	0.			
	3	Gross income (line 1 minus line 2)	73325.			73325.
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs	34089.			34089.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				5355.
	10					39444.
	11					33881.
Pa	ırt		answered "Yes" on Form	990, Part IV, line 19,	or reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bing	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes 9	% Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_	And the set of Art (-) in ordinate the second set of the second second set of the second set of the second second second set of the second second set of the second secon				
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	· · · -			Yes No
		The organization licensed to conduct gaming at "No," explain:				. I res I no
	_					
		ere any of the organization's gaming licenses re			x year?	Yes No
	_					
	_					- I. I. O (F 200) 2003
3320	32 0	9-13-23			Sche	edule G (Form 990) 2023

Sch	edule G (Form 990) 2023	· * _ *	*****	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
-	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			140
			122	0/
	The organization's facility		13a	<u>%</u>
	An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	unt		
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
·	in 103, Office hard address of the tillia party.			
	Nama			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	· · · · · · · · · · · · · · · · · · ·			
		-		
	Director/officer Employee Independent contractor			
	bilector/officer Employee maependent contractor			
47				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<u> </u>
	retain the state gaming license?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the same of the sam	the		
_	organization's own exempt activities during the tax year \$			
Pa	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			



#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  Respite for	or All Fou	ındation					Employer identification number  **-******
Part I General Information on Grants as							
Does the organization maintain records to criteria used to award the grants or assist      Describe in Part IV the organization's propert II Grants and Other Assistance to II	tance? cedures for monito	ring the use of grant	funds in the United	l States.			X Yes No
recipient that received more than \$	_				arnzation ariowered	100 0111 01111 000, 1 011	it, mio 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Pleasant Word Christian Center							
International - 6270 Red Oak Road - Atlanta, GA 30349	**_*****		10000.	0.			To fund initial program set up costs
Side by Side: The Respite Ministry	_		10000.	0.			set up costs
of John Knox Presbyterian Church - 35 Shannon Drive - Greenville, SC							Fund program start up
29615	**_*****		10000.	0.			costs
First English Lutheran Church 326 E North St Appleton, WI 54911	**_****		10000.	0.			Fund program start up
Orange County Department on Aging 2551 Homestead Road Chapel Hill, NC 27515	**_****		10000.	0.			Fund program start up
Anchor Place Respite-St Patrick's Episcopal Church - 4755 North Peachtree Road - Dunwoody, GA 30338	**_****		10000.	0.			Fund program start up
Vitality Respite Center-St Andrews United Methodist Church - 3315 S Bryan Road - Brandon, FL 33511	**_****		10000.	0.			Fund program start up
<ul> <li>Enter total number of section 501(c)(3) ar</li> <li>Enter total number of other organizations</li> </ul>		tabla					

Schedule I (Form 990) 2023

\*\*\_\*\*\*\*

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
Part I, Line 2:					
RFA ask grantees to verify the seed	d grants	were used	for progra	m start up	
expenditures in writing.					

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Respite for All Foundation

Employer identification number

Form 990, Part I, Line 1, Description of Organization Mission:
persons suffering from Alzeimers and other forms of dementia and their
caregivers.
Form 990, Part III, Line 1, Description of Organization Mission:
shared best practices.
Form 990, Part III, Line 2, New Program Services:
Respite For All began making grants to newly formed Respite programs
during 2023
Form 990, Part III, Line 4d, Other Program Services:
Various dementia educational outreach, video training
Expenses \$ 8954. including grants of \$ 0. Revenue \$ 13617.
Form 990, Part VI, Section B, line 11b:
The Executive Director distributes a draft of the 990 to the board members
via email and secures comments and approval to electronically file.
Form 990, Part VI, Section B, Line 15a:
The Exec Committee reviews the CEO annually and determines compensation and
compares to other comparable non profit positions in the community.
Form 990, Part VI, Section C, Line 19:
RFA posts its 990 on its website
Explanation Code 11

Explanation Code 11

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

Schedule O (Form 990) 2023

Name of the organization  Respite for All Foundation	Employer identification number
PT XII Line 1 Change in Accounting Method	
Organization is an organization that has averaged less tha	n \$1,000,000
in gross receipts for the last three years. Organization	changed its
accounting from cash to accrual effective January 1, 2023	the beginning
of the fiscal year. Organization has prepared a Form 3115	Application
for Change in Accounting method and has attached said form	to the Form
990. No items of inc or exp requiring a Sec 481 adj at De	c 31, 2022.

Page 2

Schedule O (Form 990) 2023

Form 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

328111 04-01-23

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Department of the Treasury Internal Revenue Service

# **Application for Change in Accounting Method**

Go to www.irs.gov/Form3115 for instructions and the latest information.

OMB No. 1545-2070

Attachment Sequence No. 315

Name of filer (n	ame of parent corporation if a consc	lidated group) (see instructions	) Identification	Identification number (see instructions)						
				**_****						
			Principal bu	Principal business activity code number (see instructions)						
	for All Foundat			Toy year of shares hading (MAN/DDAAAAA) 01 101 10000						
	and room or suite no. If a P.O. box,	see the instructions.		Tax year of change begins (MM/DD/YYYY) 01/01/2023						
	rnway Drive			Tax year of change ends (MM/DD/YYYY) 12/31/2023  Name of contact person (see instructions)						
-	ate, and ZIP code	700			, , , , , , , , , , , , , , , , , , ,					
	ery, AL 36111-1			G Reifen						
name of applica	int(s) (if different than filer) and ider	ntineation number(s) (see instru	cuons)		Contact person's telephone r	umber				
					334-462-6566					
	want to receive a copy of the ch	· ·		•		es X	٦			
	Form 3115 by fax or encrypted					S A	NO			
	t is a member of a consolidated Power of Attorney and Declarat									
	•		•	ons for when Form	i 2046 is required),					
Check the be	x to indicate the type of applic			annropriato hov	to indicate the type of ac	tin	~			
Individu		Cooperative (Sec. 1381			to indicate the type of accested. See instructions.	Journary	J			
Corpora		Partnership	) Illetilod Ci	larige being reque	ested. See mstructions.					
	ed foreign corporation	S corporation	Denre	eciation or Amortiza	ation					
	• '		I= '		or Financial Activities of					
(Sec. 95	·	Insurance co. (Sec. 816 Insurance co. (Sec. 831		cial Products and/ cial Institutions	or Financial Activities of					
	orporation (Sec. 904(d)(2)(E))	X Other (specify):			h to accrual					
	d personal service tion (Sec. 448(d)(2))	501c3 Founda		(specify). Cas	ii co acciuai					
	organization. Enter Code section		<u> </u>							
	e eligible for approval of the req		accounting, the ta	xpayer must provid	de all information that is rele	evant to	the			
	the taxpayer's requested change									
(including its i	nstructions), and (2) any other r	elevant information, even if n	not specifically requ	ested on Form 311	15.					
	yer must attach all applicable s		ughout this form.							
Part I	nformation for Automati	c Change Request								
	e applicable designated automa	· ·	• •	•	· ·	Yes	No			
	nly one DCN, except as provided		•		•					
	and provide both a description ructions.	of the change and a citation	i of the IRS guidant	e providing the au	tomatic change.					
	100	(2) DCN:	(4) DCN:	(E) DCN:	(6) DCN:					
		(3) DCN:								
(7) DCN		(9) DCN: (	(10) DCN:	_ (11) DCN:	(12) DCN:					
<b>b</b> Other	Description:									
	of the eligibility rules restrict the						х			
	res (see instructions)? If "Yes,"									
	filer provided all the information			•		Х				
•	s under which the applicant is re					Λ				
	omplete Part II and Part IV of the nformation for All Reque		rougn E, it applicat	ole.		Yes	No			
					: ala dia aa aa d	163	140			
-	he tax year of change, did or will				·		х			
•	relates, or <b>(b)</b> terminate its exist									
	oplicant requesting to change to		,	•			х			
	(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)?						<u> </u>			
•	go to line 6a.	- 0445 familia alcana - 0 1								
IT "Yes,"	the applicant cannot file a Forn Under penalties of perjury, I declare that I			ules and statements, and	to the best of my knowledge and be	lief, the				
Sign	application contains all the relevant facts of which preparer has any knowledge.									
Here	Signature of filer (and spouse, if join	t return)		Date	Name and title (print or type)					
11010					Cantt Bamma	л .	<b>~</b> ^			
D	Print/Type preparer's name	Т	Preparer's signature	<u> </u>	Scott Bamma	.ı, P.	re			
Preparer			. 3							
(other than	Ed Poiforbore									
mer/applicant)	Ed Reifenberg	Poifonhore CDA								
	Firm's name Edward G	Reifenberg CPA	<b>L</b>							

Form 3115 (Rev. 12-2022) Part II Information for All Requests (continued) Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? If "No," go to line 7a. Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions Enter the name and telephone number of the examining agent and the tax year(s) under examination. Telephone no. Has a copy of this Form 3115 been provided to the examining agent identified on line 6c? Х Does audit protection apply to the applicant's requested change in method of accounting? See instructions If "No," attach an explanation. If "Yes," check the applicable box and attach the required statement. X Not under exam 3-month window 120 day: Date examination ended Method not before director Negative adjustment CAP: Date member joined group Audit protection at end of exam Other 8a Does the applicant (or any present or former consolidated group in which the applicant was a member during the Х applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? If "No," go to line 9. b Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions If "Yes," attach an explanation. If "Yes," enter the name of the (check the box)

Appeals officer and/or counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court. Telephone no. d Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court. If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax Х return of a partner, member, or shareholder of that entity? Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the 5 tax years ending with X the tax year of change? If "No," go to line 12. If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent. If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation. Does the applicant, its predecessor, or a related party currently have pending any request (including any X concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s), (c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the specific issue(s) in the request(s).

Form **3115** (Rev. 12-2022)

Is the applicant requesting to change its overall method of accounting?

If "Yes," complete Schedule A on page 4 of the form.

Form 3115 (Rev. 12-2022) Information for All Requests (continued) Part II If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of accounting and changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions): The item(s) being changed. The applicant's present method for the item(s) being changed. The applicant's proposed method for the item(s) being changed. The applicant's present overall method of accounting (cash, accrual, or hybrid). 15a Attach a detailed and complete description of the applicant's trade(s) or business(es). See section 446(d). If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe (i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; (iii) the overall method of accounting for each trade or business; and (iv) which trade or business is requesting to change its accounting method as part of this application or a separate application. Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete lines 16a-16c. 16a Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Include either a discussion of the contrary authorities or a statement that no contrary authority exists. Will the proposed method of accounting be used for the applicant's books and records and financial statements? 17 Х For insurance companies, see the instructions If "No," attach an explanation. Х Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response? If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of 19a accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 471 or 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. 1st preceding 2nd preceding 3rd preceding 287671 282185. \$ 85262 If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change: 4th preceding year ended: mo. Part III Information for Non-Automatic Change Request Yes No Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures. 21 Attach a copy of all documents related to the proposed change (see instructions). 22 Attach a statement of the applicant's reasons for the proposed change. 23 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation. Enter the amount of **user fee** attached to this application (see instructions)

Form **3115** (Rev. 12-2022)

If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).

Form 3115 (Rev. 12-2022) Part IV Section 481(a) Adjustment Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the X requested change in method of accounting on a cut-off basis? If "Yes," attach an explanation and do not complete lines 26, 27, 28, and 29 below. 26 Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease () in Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If the applicant waived any deductions with respect to the method of accounting pursuant to Regulations section 1.59A-3(c)(6)(i), include a summary of the waived deductions. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant. 27 Is the applicant required to take into account in the year of change any remaining portion of a section 481(a) X adjustment from a prior change (see instructions)? If "Yes," enter the amount. Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? 28 If "Yes," check the box for the applicable elective provision used to make the election (see instructions). \$50,000 de minimis election Eligible acquisition transaction election 29 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a Х consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation. Schedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.) Change in Overall Method (see instructions) Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. X Cash Present method: Accrual Hybrid (attach description) X Accrual Cash Hybrid (attach description) Proposed method: Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a 2 statement providing a breakdown of the amounts entered on lines 2a through 2g. **Amount** Income accrued but not received (such as accounts receivable) \$ Income received or reported before it was earned (such as advanced payments). Attach a description of b the income and the legal basis for the proposed method Expenses accrued but not paid (such as accounts payable) Prepaid expenses previously deducted d Supplies on hand previously deducted and/or not previously reported Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II None Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of None the section 481(a) adjustment. Net section 481(a) adjustment (Combine lines 2a -2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26 X No Is the applicant also requesting the recurring item exception under section 461(h)(3)? Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with the amounts shown on the balance sheet, attach a statement explaining the differences. Is the applicant making a change to the overall cash method or to a method in which a taxpayer uses an accrual method for purchases and sales of inventory and uses the cash method for computing all other X No items of income and expense (see instructions)? Change to the Cash Method for Non-Automatic Change Request (see instructions) Applicants requesting a change to the cash method must attach the following information: A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business. An explanation as to whether the applicant is required to use an accrual method under any section of the Code or regulations

Form **3115** (Rev. 12-2022)

Form 3115 (Rev. 12-2022) Page

# Schedule B - Changes Related to the Deferral Method for Advance Payments, Cost Offset Methods, and/or the Applicable Financial Statement Income Inclusion Rule (see instructions)

- 1 If the applicant is requesting to change to the deferral method for advance payments under Regulations section 1.451-8(c) or (d), as described in the instructions, attach the information specified in the instructions.
- 2 If the applicant is requesting to change to or within a cost offset method under Regulations section 1.451-3(c) and/or Regulations section 1.451-8(e), as described in the instructions, attach the information specified in the instructions.
- 3 If the applicant is requesting to change to or within a method to conform to the applicable financial statement (AFS) income inclusion rule under section 451(b) and Regulations section 1.451·3, as described in the instructions, attach a detailed description of the proposed method including the information specified in the instructions.

### Schedule C - Changes Within the LIFO Inventory Method (see instructions)

#### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (for example, unit method or dollar-value method).
- **b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

#### Part II | Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
  - **a** A description of the types of products produced by the applicant. If possible, attach a brochure.
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- **c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- **f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

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Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other

-	tion 263A Assets (see instructions)							
Pai		so complete Part III	on pages 7 and 8.)					
1	To the extent not already provided, attach a description of the applicant's present and	proposed methods	for reporting income					
	and expenses from long-term contracts. Also, attach a representative actual contract (v	without any deletion	s) for the requested					
	change. If the applicant is a construction contractor, attach a detailed description of its	construction activit	ies.					
2a	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see ins	structions)?		Yes	☐ No			
b	If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)?							
	If line 2b is "No," attach an explanation.							
С	Is the applicant requesting to use the percentage-of-completion method using cost-to-completion method using cost-to-completio	ost under		_				
	Regulations section 1.460-4(b)? Yes							
d	If line 2c is "Yes," in computing the completion factor of a contract, will the applicant u	se the simplified	_	_				
	cost-to-cost method described in Regulations section 1.460-5(c)?		L	_ Yes	No			
е	If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-	completion		_				
	method under Regulations section 1.460-4(c)(2)?		L	_ Yes	L No			
	If line 2e is "Yes," attach an explanation of what method the applicant will use to determ	mine a contract's						
	completion factor.							
	If line 2e is "No," attach an explanation of what method the applicant is using and the	(0) 0		٦,,				
3a	Does the applicant have long-term manufacturing contracts as defined in section 460(f)			Yes	∟ No			
b	If "Yes," attach a description of the applicant's manufacturing activities, including any reference and a second	required installation						
4a	of manufactured goods.  Does the applicant enter into cost-plus long-term contracts?			Yes	☐ No			
b				=	$\equiv$			
Pai		nges (Also comp	ete Part III on pages	7 and 8.	140			
1	Attach a description of the inventory goods being changed.	- \						
2	Attach a description of the inventory goods (if any) NOT being changed.							
За	Is the applicant subject to section 263A? If "No," go to line 4a			Yes	☐ No			
b	Is the applicant's present inventory valuation method in compliance with section 263A							
	If "No," attach a detailed explanation			Yes	☐ No			
		Inventory Metho	d Being Changed	Inventory	Method Not			
4a	Check the appropriate boxes in the chart.			Raina	Changed			
	·····		T		Changed			
	Identification methods:	Present method	Proposed method		Changed t method			
	Identification methods: Specific identification	Present method	Proposed method					
	Identification methods: Specific identification FIFO	Present method	Proposed method					
	Identification methods: Specific identification FIFO LIFO	Present method	Proposed method					
	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)	Present method	Proposed method					
	Identification methods: Specific identification FIFO LIFO Other (attach explanation) Valuation methods:	Present method	Proposed method					
	Identification methods: Specific identification FIFO LIFO Other (attach explanation) Valuation methods: Cost	Present method	Proposed method					
	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower	Present method	Proposed method					
	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost	Present method	Proposed method					
	Identification methods:  Specific identification  FIFO  LIFO Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market	Present method	Proposed method					
h	Identification methods:  Specific identification  FIFO  LIFO Other (attach explanation)  Valuation methods:  Cost  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)							
b 5	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change	\$	\$					
b 5	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach	\$	\$					
	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, atta (see instructions).	\$	\$					
	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, atta (see instructions).  Copies of Form(s) 970 filed to adopt or expand the use of the method.	\$ ach the following infe	\$ prmation					
5 a	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, atta (see instructions).  Copies of Form(s) 970 filed to adopt or expand the use of the method.  Only for applicants requesting a non-automatic change. A statement describing where the content of the content of the method.	\$ ach the following info	\$ prmation is changing to the					
5 a	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, atta (see instructions).  Copies of Form(s) 970 filed to adopt or expand the use of the method.  Only for applicants requesting a non-automatic change. A statement describing whemethod required by Regulations section 1.472-6(a) or (b), or whether the applicant is present the section of the properties of the properties of the properties of the method.	\$ ach the following info	\$ prmation  is changing to the method.					
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5 a b	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, atta (see instructions).  Copies of Form(s) 970 filed to adopt or expand the use of the method.  Only for applicants requesting a non-automatic change. A statement describing when method required by Regulations section 1.472-6(a) or (b), or whether the applicant is prongular or proposed in the statement required by section successor).  Is the applicant presently using the AFS cost offset method as described in Regulation	\$ ach the following inferent to the property of the section 23.01(5) of Reverse section ection 1.451-8(e),	\$ prmation  is changing to the method.					
5 a b	Identification methods:  Specific identification  FIFO  LIFO  Other (attach explanation)  Valuation methods:  Cost  Cost or market, whichever is lower  Retail cost  Retail, lower of cost or market  Other (attach explanation)  Enter the value at the end of the tax year preceding the year of change  If the applicant is changing from the LIFO inventory method to a non-LIFO method, atta (see instructions).  Copies of Form(s) 970 filed to adopt or expand the use of the method.  Only for applicants requesting a non-automatic change. A statement describing whethod required by Regulations section 1.472-6(a) or (b), or whether the applicant is pronting the statement required by sectits successor).  Is the applicant presently using the AFS cost offset method as described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations	section 1.451-8(e), ested change in	\$ primation is changing to the method. Proc. 2022-14 (or	Preser				

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Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

#### Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, modified simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

#### Section B - Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

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# Part III | Method of Cost Allocation (continued) See instructions.

Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

cost	5.)			
		Present method	Propos	sed method
1	Marketing, selling, advertising, and distribution expenses			
2	Research and experimental expenses not included in Section B, line 26			
3	Bidding expenses not included in Section B, line 22			
4	General and administrative costs not included in Section B			
5	Income taxes			
6	Cost of strikes			
7	Warranty and product liability costs			
8	Section 179 costs			
9	On-site storage			
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11			
<u>11</u>	Other costs (Attach a list of these costs.)			
Sche	edule E - Change in Depreciation or Amortization. (see instructions)			
Appl	icants requesting approval to change their method of accounting for depreciation or amortization complete this	section.		
Appl	icants <b>must</b> provide this information for each item or class of property for which a change is requested.			
Note	: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information	n regarding autom	atic	
char	ges under sections 56, 167, 168, or 197, or former sections 168, 1400I, or 1400L. Do not file Form 3115 with re	spect to certain la	ite	
elect	ions and election revocations. See instructions.		_	
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?	L	Yes	No
	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).			
2	Is any of the depreciation or amortization required to be capitalized under any Code section, such as			
	section 263A?		Yes	No
	If "Yes," enter the applicable section			
3	Has a depreciation, amortization, expense, or disposition election been made for the property, such as			
	the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?	$\square$	Yes	☐ No
	If "Yes," state the election made			
4a	Attach a statement describing the property subject to the change. Include the property's description, type, pla	ced-in-service		
	year, and use in the applicant's trade or business or income-producing activity. Also include the type and amo	unt of any		
	federal tax credit claimed or grant received, along with any necessary adjustments to basis required under the	Internal		
	Revenue Code, with respect to the property.			
b	If the property is residential rental property, did the applicant live in the property before renting it?		Yes	No
С	Is the property public utility property?		Yes	No.
5	To the extent not already provided in the applicant's description of its present method, attach a statement exp	plaining how the		
	property is treated under the applicant's present method (for example, depreciable property, inventory property	y, supplies		
	under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current e	xpense, etc.).		
6	If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts s	supporting the		
	proposed change to depreciate or amortize the property.			
7	If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the fo	llowing		
	information for both the present (if applicable) and proposed methods:			
а	The Code section under which the property is or will be depreciated or amortized (for example, section 168(g))	<b>.</b>		
b	The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section	168 (MACRS) or		
	under former section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset	t depreciated		
	under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an a	sset class has		
	not been identified by the applicant.			
С	The facts to support the asset class for the proposed method.			
d	The depreciation or amortization method of the property, including the applicable Code section (for example,	200% declining		
	balance method under section 168(b)(1)).			
е	The useful life, recovery period, or amortization period of the property.			

f The applicable convention of the property.

**g** Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), or former section 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

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