

Form **8879-EO**

** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-0047

For calendar year 2020, or fiscal year beginning ______ , 2020, and ending

Department of the Treasury	▶ Do not send to the IRS. Keep for your records.	2020
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	
Name of exempt organization	n or person subject to tax	Taxpayer identification number
Respite for A	All Foundation	83-3093422
Name and title of officer or p	person subject to tax	
Warren Barrov	V	
President		
Part I Type of	Return and Return Information (Whole Dollars Only)	
check the box on line 1a , blank, then leave line 1b , return, then enter -0- on t	ourn for which you are using this Form 8879-EO and enter the applicable amount, if any, for the return being filed with the control of the return being filed with the control of the return being filed with the control of the control of the return being filed with the control of the control	th this form was tered -0- on the
1a Form 990 check here		
2a Form 990-EZ check	, , , , , , , , , , , , , , , , , , , ,	
3a Form 1120-POL che		
4a Form 990-PF check	, , , , , , , , , , , , , , , , , , , ,	
5a Form 8868 check he		5b
6a Form 990-T check h	, , , , , , , , , , , , , , , , , , , ,	6b
7a Form 4720 check he	ere ▶	7b
	y, I declare that $[X]$ I am an officer of the above organization or $[X]$ I am a person su	
	turn and accompanying schedules and statements, and, to the best of my knowledge and	
(settlement) date. I also a confidential information r	of the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days priouthorize the financial institutions involved in the processing of the electronic payment of necessary to answer inquiries and resolve issues related to the payment. I have selected and sample in the electronic return and, if applicable, the consent to electronic fulfill.	taxes to receive a personal
X Lauthorize E0	dward G Reifenberg CPA	to enter my PIN 45712
Tadinonze =	ERO firm name	Enter five numbers, but
a state agency PIN on the retu As an officer or electronically fi	e on the tax year 2020 electronically filed return. If I have indicated within this return that (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem urn's disclosure consent screen. The person subject to tax with respect to the organization, I will enter my PIN as my signature disclosure. If I have indicated within this return that a copy of the return is being filed with inities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program is the IRS Fe	nentioned ERO to enter my are on the tax year 2020 a state agency(ies)
Signature of officer or person subj	ect to tax **** THIS IS NOT A FILEABLE COPY *** ation and Authentication	Date >
ERO's EFIN/PIN. Enter y	our six-digit electronic filing identification	
number (EFIN) followed b	by your five-digit self-selected PIN. 6358224571 Do not enter all zero	
	umeric entry is my PIN, which is my signature on the 2020 electronically filed return indicate return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform	ated above. I confirm
ERO's signature 🕨	Date ▶	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do) So
LUA For Department De	aduction Act Notice can instructions	Form 8879-FO (2020)

023051 11-03-20

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

ΑF	or tne	2020 calendar year, or tax year beginning and	enaing		
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number
	Addres	Respite for All Foundation]	
	Name change	Doing business as		83-30934	22
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	☐Final return/	2622 Fernway Drive		334-440-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	85262.
	Amend	Monitgomery, AL 30111-1726		H(a) Is this a group re	
	Application pendin	F Name and address of principal officer: Wallett Ballow		for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions
		e: > respiteforall.org		H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 2019 N	∕ State of legal domicile; AL
Pa		Summary			
d)		Briefly describe the organization's mission or most significant activities: $\overline{ ext{RFA}}$			
Activities & Governance	:	nuture a faith based volunteer model in c	ommuni	ities for su	pport of
rna	2	Check this box $lacktriangle$ $$ $$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	l .			3	10
5		Number of independent voting members of the governing body (Part VI, line 1b)			10
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
ξ		Total number of volunteers (estimate if necessary)			0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ō	8	Contributions and grants (Part VIII, line 1h)		172446.	80862.
eun	9	Program service revenue (Part VIII, line 2g)		0.	4400.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		11.	0.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		172457.	85262.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	50000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	10000.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
ж	b ·		56.	10000	22242
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18390.	22948.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18390.	82948.
		Revenue less expenses. Subtract line 18 from line 12		154067.	2314.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		154067.	156381.
at A	21	Total liabilities (Part X, line 26)		0.	0.
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20		154067.	156381.
	art II				
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
		Signature of officer		l Date	
Sigi		•		Date	
Her	е	Warren Barrow, President Type or print name and title			
		,		Date Check	X PTIN
D	.	Print/Type preparer's name Preparer's signature		if L	
Paid		Ed Reifenberg		self-employ	
	arer	Firm's name Edward G Reifenberg CPA		Firm's EIN ▶	81-4287840
use	Only	Firm's address 2134 Vaughn Lane		n 22	1_162_6566
		Montgomery, AL 36106		Phone no. 3 3	4-462-6566
⋈ay	/ tne IF	S discuss this return with the preparer shown above? See instructions			

ıa	Observation of Trogram General Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: None	<u>A</u>
1	Briefly describe the organization's mission: None	
2	Did the organization undertake any significant program services during the year which were not listed on the	v .
	•	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	, , , ,	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 ex-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4326 • including grants of \$) (Revenue \$	<u>4400.</u>)
	RFA conducted a 3 day workshop on successful dementia activies f	or
	Respite program directors. Spnosored webinar series to connect 1	.8
	Respite program directors for program innovation sharing	
4b	(Code:) (Expenses \$ 55986 • including grants of \$ 50000 •) (Revenue \$	1
75	Provided seed grants to new Respite program startups	,
	11071aca beca granes to new hespite program scarcaps	
	0.700	
4c)
	Provided activity supplies and meals delivered to participants f	or
	Respite programs shutdown due to Covid,	
4d	Other program services (Describe on Schedule O.)	
- u	Other program services (Describe on Schedule O.) (Expenses \$ 5336 • including grants of \$) (Revenue \$	\
4-		1
46	Total program service expenses ► 68447.	Form 990 (2020)
		1 01111 - 3 (2020)

Form 990 (2020) Respite for All Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
		144		 ^
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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_V
	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,			\ _{3,7}
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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,"			
	complete Schedule G, Part III	19		X
20a	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		<u> </u>
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	

Pa	rt IV Checklist of Required Schedules (continued)	7 - 2 2		age 4
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3,7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₩
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. 4	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contourio C Contains a recipence of note to any line in this fact v		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (1b)	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c		

Form 990 (2020) Respite for All Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	~ 1.		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). 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?	7-		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Cross income from ethor courses (De not not amount due or noid to other courses against			
Б	Gross income from other sources (Do not net amounts due or paid to other sources against			
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.za		
13	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_	990	(0000)

Form **990** (2020)

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 Schoolule O contains a response or note to any line in this Part VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21
000	tion A. Governing body and Management		V	NI-
4.	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
ıa	, , , , , , , , , , , , , , , , , , , ,			
	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 0. Enter the number of voting members included on line 1a, above, who are independent 1b 10			
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
.0	for public inspection. Indicate how you made these available. Check all that apply.	. Omy)	arund	2.0
10	■ Monther'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	financ	rial	
19	statements available to the public during the tax year.	man	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Patricia G Seay - 334-462-6566			
	2234 Myrtlewood, Montgomery, AL 36111			
	2234 MYICIEWOOG, MOHICYOMETY, ALL SOLLI			

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

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

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

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

See instructions for the order in which to list the persons above.

X Check this box if neither the organization	on nor a		orga	niza			npen	sate			(=\)
(A)		(B)			(C Posi)) ition	1		(D)	(E)	(F)
Name and title		Average		not c	heck r	more	than o		Reportable	Reportable	Estimated
		hours per week	offic	box, unless person is both an officer and a director/trustee)		s both r/trus	an tee)	compensation from	compensation from related	amount of other	
			tor			the	organizations	compensation			
		hours for	direction direct		organization	(W-2/1099-MISC)	from the				
		related	tee oi	ustee			ensat		(W-2/1099-MISC)		organization
	or	rganizations	al trus	onal tr		loyee	comp				and related
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Warren Barrow		line) 2 • 0 0	ء	il.	4	Ke	宝石	P			
President	\vdash	2.00	Х		х				0.	0.	0.
(2) Patricia G Seay		2.00	-22		<u> </u>				· ·	0.	·
Treasurer		2.00	Х		x				0.	0.	0.
(3) Will Gunter		1.00	_								
Vice President			х						0.	0.	0.
(4) Charlotte Goodwyn		1.00								-	
Board member			X						0.	0.	0.
(5) Dr William Mitchell		1.00	4								
Board member			X						0.	0.	0.
(6) Theda Tankersley		2.00									
Secretary			X						0.	0.	0.
(7) Robert Bradford		1.00									
board member			X		Ш				0.	0.	0.
(8) Rick Blanton		1.00							_		
board member	_	1 22	X		igwdow				0.	0.	0.
(9) Ann Elizabeth McGowin	1	1.00								•	•
board member			X		$\vdash\vdash$				0.	0.	0.
	\vdash										
					$\vdash\vdash$						
	\vdash										
					\vdash						
	\vdash										
					\vdash						
					М						
					П						
					П						
					Ш						

Form **990** (2020)

	990 (2020) Respite 1									83-30	934	22	Pa	ge 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C						
	(A)	(B) Average			(C Posi		1		(D)	(E)			(F)	_1
	Name and title	hours per		not c	heck r ss per	nore	than		Reportable compensation	Reportable compensation	,		mated ount o	
		week			nd a di				from	from related			ther	'
		(list any	ector						the	organizations	,	compe	ensat	ion
		hours for related	or dir	98			ated		organization	(W-2/1099-MIS	C)		n the	
		organizations	rustee	trust		99	ubeus		(W-2/1099-MISC)			orgar	nizatio relate	
		below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	er				organ		
		line)	Indiv	Instit	Officer	Key e	Highe	Former						
			1											
											\dashv			
											\dashv			
											\dashv			
-														
											\dashv			
							4				\dashv			
						X								
1b	Subtotal	I							0.		0.			0.
С	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				^
	compensation from the organization		4		-	4							es	0 N o
3	Did the organization list any former officer,	director truet	00 6	OV 6	mnl	OVA	0 Or	hio	sheet compensated emp	lovee on			63	140
Ü	line 1a? If "Yes," complete Schedule J for si				_							3		Х
4	For any individual listed on line 1a, is the su	A. Carrier			,									
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		L	4		X
5	Did any person listed on line 1a receive or a		_											
S00	rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch r	ers	on .					5		X
1	tion B. Independent Contractors Complete this table for your five highest contractors	mpensated inc	lene	nder	nt cc	ntra	acto	rs th	nat received more than \$	100 000 of comp	ensatio	on fron		
	the organization. Report compensation for													
	(A)								(B)			(C)		
	Name and business	address	NC	ONE	3			_	Description of s	ervices	Co	mpens	ation	
-														
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	d to t	thos	se lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organization	•				C								
											F	orm 9 9	90 (2	020)

Respite for All Foundation 83-3093422 Page 9 Form 990 (2020) 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 Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 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 ... 80862 1f 19012 g Noncash contributions included in lines 1a-1f 80862. h Total. Add lines 1a-1f **Business Code** 4400 900099 4400. 2 a Respite training works Program Service f All other program service revenue 4400. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 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 assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 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

85262.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Form **990** (2020)

4400.

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F 2 2 2 2			
	and domestic governments. See Part IV, line 21	50000.	50000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			_	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10000	7500	1000	1500
	trustees, and key employees	10000.	7500.	1000.	1500
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1545.	1000.	545.	
C	Accounting	1343.	1000.	242.	
d	Lobbying				
e •	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
40		1038.	938.	100.	
12 13	Advertising and promotion	749.	600.	149.	
13 14	Office expenses	2047.	100.	1947.	
15		2011	100.	1017	
15 16	Royalties				
10 17	Occupancy				
	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4494.		4494.	
19 20	Interest	11711		1171	
20 21	Payments to affiliates				
2 i 22	Depreciation, depletion, and amortization	571.	571.		
23	Insurance	- · - ·	<u> </u>		
23 24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Grant writing	4766.			4766
b	Proofing editing workbo	3875.	3875.		
c	Respite workshop costs	3863.	3863.		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	82948.	68447.	8235.	6266
<u></u> 26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

		1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			154067.	1	153166.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	-				
	_	under section 4958(f)(1)), and persons described		6			
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3786.			
	b	Less: accumulated depreciation		571.	0.	10c	3215.
	11	Investments - publicly traded securities				11	, , , ,
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			154067.	16	156381.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
≣		controlled entity or family member of any of thes				22	
<u> </u>	23	Secured mortgages and notes payable to unrela		al as a data		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here	.			
es		and complete lines 27, 28, 32, and 33.	OK HOL	, , , ,			
Š	27		/			27	
3ala	28	Net assets with donor restrictions				28	
Ā		Organizations that do not follow FASB ASC 9					
Ξ		and complete lines 29 through 33.		CK Here			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			154067.	29	156381.
ets	30	Paid-in or capital surplus, or land, building, or eq			0.	30	0.
Ass	31	Retained earnings, endowment, accumulated inc			0.	31	0.
et/	32	Total net assets or fund balances			154067.	32	156381.
Z	33	Total liabilities and net assets/fund balances			154067.	33	156381.
						_	

Pai	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>62.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			48.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 14.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	5 4 0	<u>67.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	<u> 563</u>	<u>81.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization Respite for All Foundation 83-3093422 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

<u>5e</u> 0	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ı					
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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		,				
	ndar year (or fiscal year beginning in) ► 🏻	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	4					
	or loss from the sale of capital						
	assets (Explain in Part VI.)	<u> </u>					
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the				•		
800	organization, check this box and stope tion C. Computation of Public						P
				(f)\		44	0/
	Public support percentage for 2020 (li		•	***		15	%
	Public support percentage from 2019 33 1/3% support test - 2020. If the o						<u>%</u>
10a							. —
h	stop here. The organization qualifies a 33 1/3% support test - 2019. If the o		-		l line 15 is 33 1/3%		
IJ	and stop here. The organization quali	-					
172	10% -facts-and-circumstances test						
. i d	and if the organization meets the facts	-					
	meets the facts-and-circumstances tes		•	-	•	· ·	ightharpoonup
h	10% -facts-and-circumstances test	-				 I7a. and line 15 is	
J	more, and if the organization meets th	ū				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		s •
		u		, ,		edule A (Form 990	
							,

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

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

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				172446.	80862.	253308.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				4		
	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	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge				172446	90963	252200
	Total. Add lines 1 through 5				172446.	80862.	253308.
7a	Amounts included on lines 1, 2, and						^
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
£.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						253308.
	Public support. (Subtract line 7c from line 6.)						<u>∠</u> JJJ00•
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(a) 2010	(b) 2017	(6) 2010	172446.	80862.	253308.
	Gross income from interest,					000021	
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	4			11.		11.
b	Unrelated business taxable income						_
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b				11.		11.
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				172457.	80862.	253319.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>100.00 %</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	.00 %
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						>
つい	Drivate foundation If the organization	n did not chack a	nov on line 1/1 10	a or 10h chack th	ie hav and eac incl	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
3b		
3c		
4a		
-iu		
4b		
4c		
5a		
33.		
5b		
5c		
6		
7		
,		
8		
0-		
9a		
9b		
9c		
10a		
IUa		
10b		
990 or 99	10-F7)	2020

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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 "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>Orga</u>	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co			
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting organ	nization (see
	instructions).	•		•

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u> </u>	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	-				
8	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>е</u>	Excess from 2020		_		

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

Respite for All Foundation 83-3093422 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

Respite for All Foundation

83-3093422

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 <u>1</u>	Barbara Mobley		Person X Payroll
	2622 Fernway Dr Montgomery, AL 36111	\$ 5165.	Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Watkins Johnston 2622 Fernway Dr	\$	Person X Payroll Noncash X
	Montgomery, AL 36106		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Temple Millsap 2622 Fernway Dr Montgomery, AL 36106	\$50000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Respite for All Foundation

83-3093422

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Marketable Securities	\$5165.	_12/29/20_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Marketable Securities	\$ 10669.	_12/29/20_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	200 57 av 200 PEV 2000

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

Name of the organization

Respite for All Foundation

Employer identification number 83-3093422

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		· ·
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of 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	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections of art, historical treasures, or other similar assets 10 but one sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	Par	t III Organizations Maintaining C	ollections of Art	, Historic	al Tre	easures, or	Other	r Simila	Assets	(contin	nued))
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's oxempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Beginning balance 1d Additions during the year 1d Beginning balance 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account tiability? Pert V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 1b Contributions 1a Beginning of year balance 2 Provide the estimated percentage of the current year displance (a) Current year (b) Prior years (c) Two years back (d) Trine years back (e) Form years back 3 Contributions 4 Administrative expenses 5 End of year balance 5 Contributions 5 Complete if the organization that are held and administered for the organization hips 6 Chern years for facilities 6 And programs 7 Administrative expenses 9 End of year balance 9 Provide the estimated percentage of the current year end balance (ine 1g., column (ai) held as: 9 Board designated or quasi-endowment \$\frac{years}{5}\$ 7 The percentages on lines 2a, 2b, and 2c should equal 100%. 1a Beginning of year balance 1b Unrelated organizations 1c) Part X III And, Buildings, and Equipment. 1c) Competed if the or	3	Using the organization's acquisition, accession	on, and other records	s, check any	of the f	following that	make si	ignificant ι	use of its			
b Scholarly research e Other Preservation for future generations		collection items (check all that apply):										
c	а	Public exhibition	d	Loa	n or exc	hange progra	ım					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount 1c Amount 1c 1d 1d 1d 1d 1d 1d 1d	b	Scholarly research	е	Oth	er							
5 During the year, did the organization solicit or neceive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. Is the organization analyser, fusuee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV, line 11 is 11 in 12 in	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explain	how they f	urther th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV in Part III and complete the following table: □ Reginning balance □ Amount □	5	During the year, did the organization solicit or	r receive donations o	f art, histori	cal treas	sures, or othe	r similar	assets		_		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII in Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment 5 Grem endowment												No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the org	anizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year f Ending balance 2 Distributions during the year f Ending balance 1 Ending palance 1 Ending palance 1 Ending palance 2 Distributions during the year f Ending palance 2 Distributions during the year f Ending palance 2 Distributions include an amount on Form 990, Part X, line 21, for escrow or oustocial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year [b] Provide the estimated percentage of the current year end balance c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g. column (a)) held as: a Board designated or quasi-endowment B Permanent endowment B Permanent endowment												
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	1a			-					_	_		_
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V. line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > % b Permanent endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations Complete if the organization answered "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10. Description of property b Suick (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment C Equipment C Easehold improvements d Equipment C Easehold improvements d Equipment C Equipment C Easehold improvements									L	Yes		No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (f) Two years b	b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table	:							
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year [b) Prior year [c) Two years back [d) Three years back [e) Four years back [e] Four years back [Amoun	<u>t </u>	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (of On Fart XIII Check here if the explanation has been provided on Part XIII the 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four												
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years b												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11.	е											
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back										٦.,		
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years ba		<u> </u>	·	•				ity?	∟	」Yes	F	_ No
Contributions Contribution												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	ı aı	Endownient i dias. Complete ii	I						vooro book	(a) Faur		o book
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4.	Danissis of was halana	(a) Current year	(b) Prior	year	(c) Two year	s back	(a) Three y	rears back	(e) Four	year	s dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	D											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	C											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶	е											
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶		. •										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶							+					
a Board designated or quasi-endowment ▶			ont year and balance	/line 1g oc	lumn (a))) bold oo:						
b Permanent endowment				oz	numm (a))) Helu as.						
Term endowment ▶				70								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 3786. 571. 3215.			_	M								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 3786. 571. 3215.	C		-									
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	32			tion that are	hold ar	nd administer	ad for th	o organiza	ation			
(i) Unrelated organizations (ii) Related organizations (iii) (ii	ou		331011 Of the organiza	tion that are	, ricia ai	ia administra	ca ioi tii	ic organize	20011	ſ	Vas	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 3a(ii) 3b 4 Description of Schedule R? (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3786. 571. 3215.		•								3a(i)	103	110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 3786. 3b 4 Describe in Part XIII the intended uses of the organizations listed as required on Schedule R? (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3786. 3786.												+-
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (e) Other (d) S716 (d) Book value (d) B	h	If "Yes" on line 3a(ii) are the related organization	tions listed as require	ed on Sched	tule R2							1
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 3786. 571.												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par				-							
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 3786. 571. 3215.		Complete if the organization answered	d "Yes" on Form 990	, Part IV, lin	e 11a. S	See Form 990.	, Part X,	line 10.				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 3786. 571. 3215.		· •				T I			ed	(d) Boo	k val	ue
b Buildings c Leasehold improvements d Equipment e Other 3786. 571. 3215.			1 ' '		. ,					. ,		
b Buildings c Leasehold improvements d Equipment e Other 3786. 571. 3215.	1a	Land										
c Leasehold improvements 4 Equipment e Other 3786. 571. 3215.												
d Equipment 3786. 571. 3215.												
e Other 3786. 571. 3215.			I									
						3786.		5'	71.			
	Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (E	3), line 1	0c.)			•		32	215.

Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(8) (9)

	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b			
С			
d	()		
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial	·	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а			
b	Prior year adjustments		
С			
d	, , , , , , , , , , , , , , , , , , , ,		
е	9		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	1		
b			40
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lin		
	rt XIII Supplemental Information.	ie (8.)	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line 2: Part XI.
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, ,
	The state of the s		

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.

Open to Public

OMB No. 1545-0047

Inspection Name of the organization **Employer identification number** Respite for All Foundation 83-3093422 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Wesley United Methodist Church at Funds used for start up Fredrica - 6520 Fredrica Rd - St and first year expenses Simons Island, GA 31522 58-1735037 25000 in new Respite program St Paul United Methodist Church Funds used for start up 2101 Wildwood Ave #1423 and first year expenses 58-0639812 25000 in new Respite program Columbus GA 31906 0. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2020

	(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
Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	n (b); and any other ac	Iditional information.	
t I, Line 2:					
ask grantees to verify the s	seed grants	were used	for progra	m start up	
enditures in writing.					

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

Respite for All Foundation

Employer identification number 83-3093422

1050100 101 1111 104114401011
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 2, New Program Services:
2020 represents the first full year of operations and RFA made two
program start up grants to two churches.
Form 990, Part III, Line 4d, Other Program Services:
Miscellaneous educational activities
Expenses \$ 5336. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section B, line 11b:
The Executive Director distributes a draft of the 990 to the board members
via email and secures comments and approval to electronically file.
Form 990, Part VI, Section C, Line 19:
RFA posts its 990 on its website
Explanation Code 11

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services														
1	Laptop and printer	03/13/20	SL	5.00	:	16	1286.				1286.			214.	214.
2	Desk and credenza	04/09/20	SL	5.00	:	16	1449.				1449.			217.	217.
3	Laptop #2	04/17/20	SL	5.00	:	16	1051.				1051.			140.	140.
	* 990 Page 10 Total Program Services						3786.				3786.	0.		571.	571.
	* Grand Total 990 Page 10 Depr						3786.				3786.	0.		571.	571.
	Current Year Activity														
	Beginning balance						0.			0.	0.	0.			0.
	Acquisitions						3786.			0.	3786.	0.			571.
	Dispositions/Retired				1		0.			0.	0.	0.			0.
	Ending balance						3786.			0.	3786.	0.			571.
	Ending accum depr				N							571.			
	Ending book value											3215.			

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone