Short Form **Return of Organization Exempt From Income Tax**

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

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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2020 calendar year, or tax year beginning , and ending B Check if applicable: **C** Name of organization D Employer identification number Address change Southern Redhead Farms Rescue 81-4262619 Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Initial return 10771 NE 30th St (352)222-5643City or town, state or province, country, and ZIP or foreign postal code Final return/terminated F Group Exemption Number Amended return Application pending Bronson, FL 32621 X Cash **H** Check \triangleright **X** if the organization is **not** G Accounting Method: Accrual Other (specify) I Website: ▶ www.southernredheadfarmsrescue.org required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) () (insert no.) 527 (Form 990, 990-EZ, or 990-PF). 4947(a)(1) or X Corporation Association **K** Form of organization: Trust Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 1 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income. 4 **5 a** Gross amount from sale of assets other than inventory 5a 5b 5c Gaming and fundraising events: 6 a Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d 6d . . 7a 7b b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c С 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.... 9 9 0. Grants and similar amounts paid (list in Schedule O). 10 10 11 11 12 12 Expenses 13 Professional fees and other payments to independent contractors 13 14 14 15 Printing, publications, postage, and shipping. 15 16 16 17 Total expenses. Add lines 10 through 16. 17 Ο. Excess or (deficit) for the year (subtract line 17 from line 9). 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return). 19 3,450. 20 20 Other changes in net assets or fund balances (explain in Schedule O)..... 21 21 3,450. For Paperwork Reduction Act Notice, see the separate instructions.

Vet Assets



2020 **Open to Public** Inspection

_	990-EZ (2020) Southern Redhead Farm	ns Rescue		81-4	4262619	Page 2
Pa	rt II Balance Sheets (see the instructions	,				
	Check if the organization used Schedu	Ile O to respond to	any question in th	<u>nis Part II</u>		🗌
				(A) Beginning of year	(B) End (of year
22	Cash, savings, and investments			4,300.	22	0.
23	Land and buildings.			0.	23	0.
24	Other assets (describe in Schedule O)			0.	24	0.
25	Total assets			4,300.	25	0.
26	Total liabilities (describe in Schedule O).		[850.		0.
27	Net assets or fund balances (line 27 of column (B) m			3,450.		0.
What Desc as m	Statement of Program Service Acco Check if the organization used Schedu is the organization's primary exempt purpose? Equine cribe the organization's program service accomplis neasured by expenses. In a clear and concise man	mplishments (see ile O to respond to Rescue Non hments for each of in ner, describe the ser	e the instructions f any question in th profit ts three largest prog	nis Part III 🔲	Expen (Required for 501(c)(3) and organizations others.)	ses section 501(c)(4)
-	ons benefited, and other relevant information for ea	ach program title.				
28		aludaa farairan granta, ak			280	
29	(Grants \$) If this amount in	cludes foreign grants, ch		· · · · · · · · P	28a	
•••	(Grants \$) If this amount in	cludes foreign grants, ch	neck here		29a	
30						
		cludes foreign grants, ch	neck here		30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount in:	cludes foreign grants, ch	aak bara		31a	
22					32	
	Total program service expenses (add lines 28a throug					
Pai	t IV List of Officers, Directors, Trustees, and Check if the organization used Schedu	d Key Employees (I Ile O to respond to	st each one even if not any question in th	compensated - see th	e instructions	for Part IV
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	other com	
	nn P O'Neal					
Pre	esident	20.00				
	ristina Riggio					
-	easurer	05.00				
	ri Hatcher					
	cretary	05.00				
	chole Steadman					
-	rector	05.00				
	na Spivey-Nobles					
-	rector	05.00				
	ctoria Caccavone					
	: Representative	10.00				
<u></u>						
		-				
		1				
		1				
		-				
]				

Form 9	90-EZ (2020) Southern Redhead Farms Rescue 81-426	261	9 P	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	t V		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O.	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	_		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		- 22
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice,			
U	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		X
30		36		
270	during the year? If "Yes," complete applicable parts of Schedule N	30		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	276		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T.	40e		
41	List the states with which a copy of this return is filed 🕨 FL			
42a	The organization's books are in care of Susan Spivey-O'Neal Telephone no. (352	2)22	2-5	643
	Located at ▶ 10771 NE 30th St Bronson, FL ZIP+4 ▶ 3262	21		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
	If "Yes," enter the name of the foreign country	-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.)	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		x
с	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
~	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100		
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		
				1

Form 990)-EZ (2	020) Southern Redhead	Farms Rescue	1		81-	426262	L 9 P	age 4
							_	Yes	No
		e organization engage, directly or indirectly	1 10						
		didates for public office? If "Yes," complete					46		X
Part v	Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines								
		50 and 51.	nust answer question	s 47-490 and 52, a	na complete	ine tables in	or lines		
		Check if the organization used Sche	dule Ω to respond to	any question in this	Part \/I				
		Check in the organization used Sche		any question in this				Yes	
47	Did th	e organization engage in lobbying activities	or have a section 501(h)	election in effect during	a the tax			res	No
		If "Yes," complete Schedule C, Part II	()		0		47		x
	-	organization a school as described in section							X
		e organization make any transfers to an exe		•					X
		s," was the related organization a section 52							<u> </u>
		lete this table for the organization's five hig	•						<u> </u>
		yees) who each received more than \$100,0					<i>,</i> ,		
					(d)Health				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		to employee	(e) Estimat		
	. ,		devoted to position	(Forms W-2/1099-MISC	C) benefit plans, compe	nsation	other cor	npensat	lon
	Total r	number of other employees paid over \$100,	000	Þ <u>0</u>					
	•	lete this table for the organization's five hig			each received	more than			
	\$100,0	000 of compensation from the organization	h. If there is none, enter "I	None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	ervice	(c)	Compensat	ion	
		· · · · · · · · · · · · · · · · · · ·							
				-					
				-					
				1					
d	Total	number of other independent contractors ea	ach receiving over \$100.0		. • 0				
		e organization complete Schedule A? No	0						
		eted Schedule A.	() ()	0			X Yes		No
		of perjury, I declare that I have examined this re					vledge and b	elief, it i	s
true, corre	ect, an	d complete. Declaration of preparer (other than	officer) is based on all infor	mation of which preparer	has any knowled	ge.			
Sign		Signature of officer			Dat	е			
Here		Susan Spivey-O'Nea	l, Executive	Director					
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Prepa	rer					self-emplo	yed		
Use O		Firm's name ►			Firr	n's EIN ▶			
2000	,	Firm's address ►			Pho	one no.			
May the	IRS di	scuss this return with the preparer shown	above? See instructions				Yes		No
UYA							Form 9 9	90-EZ	(2020)

SCHEDULE A Public Charity Status and Public Support								
(Form 990 or 990-EZ)								
	Attach to Form 990 or Form 990-EZ.							
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization	1					Employer identificatio		
Southern Red	dhead Farms	Rescue				81-4262619		
			l organizations mus				ons.	
0	•		s: (For lines 1 throug	•		,		
			on of churches descri . (Attach Schedule E					
			anization described i					
	•	•	onjunction with a hosp)(iii). Enter the	
hospital's n	ame, city, and state	e:						
÷			ollege or university ow	ned or o	perated b	y a governmental ι	init described in	
)(b)(1)(A)(iv). (Cor	-						
	. 0	0	mental unit described		•			
	n section 170(b)(1		antial part of its supp	ort from a	a governi	nental unit or from	the general public	
)(1)(A)(vi). (Complete	e Part II.)				
	•		d in section 170(b)(1)	-		n conjunction with a	land-grant college	
or universit	/ or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ent	er the nai	me, city, and state	of the college or	
university:								
10 An organiza	ation that normally m activities related	receives (1) mor to its exempt fu	e than 33 1/3% of its nctions, subject to ce	support f rtain exce	rom cont	ributions, members nd (2) no more thai	hip fees, and gross a 33 1/3% of its	
support fror	n aross investmen	t income and un	related business taxal 75. See section 509(ble incom	ne (less s	ection 511 tax) fron	n businesses	
			sively to test for public					
v	•	•	ively for the benefit of	•			y out the purposes of	
		•	escribed in section 50					
	-		the type of supporting			-	-	
			supervised, or control					
			egularly appoint or ele Sections A and B.	ci a majo			es of the supporting	
		-	d or controlled in con	nection w	ith its su	oported organizatio	n(s), by having	
		•	anization vested in th		•			
0	()	•	, Sections A and C.					
			ng organization opera				ly integrated with,	
	• • • • •	•	s). You must comple		-		tod organization(a)	
	•	-	porting organization or zation generally must	•			•	
			mplete Part IV, Secti					
e 🗌 Check this	s box if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III	
		-	onally integrated supp	-	-	n.		
	-		orted organization(s)			(w) Amount of monotory	(vi) Amount of	
(i) Name of suppor	led organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in you	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see instructions))	docu	ment?	instructions)	instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

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

Schedu	le A (Form 990 or 990-EZ) 2020 Southern	Redhead	Farms Re	scue		81-420	62619 Page 2
Part		ations Desc	ribed in Sec	tions 170(b)	1)(A)(iv) and	170(b)(1)(A	A)(vi)
	(Complete only if you checked th						ualify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	te Part III.)	
	on A. Public Support		•				
Calen	dar 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.")			81,827.	130,140.		211,967.
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			01 007	120 140		011 065
4	Total. Add lines 1 through 3.			81,827.	130,140.		211,967.
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization) included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f).						
6	Public support. Subtract line 5 from line 4.						211,967.
-	on B. Total Support						211,507.
	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(4) 2010		81,827.	130,140.	(0) = 0 = 0	211,967.
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						211,967.
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her						🕨 📘
	on C. Computation of Public Support						
14	Public support percentage for 2020 (line 6						100.00%
15	Public support percentage from 2019 Sch					15	47.65%
16a	33 1/3 % support test-2020. If the organi						
	box and stop here. The organization qua	•		•			· · ·
b	33 1/3 % support test-2019. If the organi						·
47-	check this box and stop here . The organi	-					
17a	10%-facts-and-circumstances test-202	-					
	10% or more, and if the organization me Part VI how the organization meets the fa						
	÷			-	-		
١.	organization						
b	10%-facts-and-circumstances test–201 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m					-	
	supported organization				-	-	· · ·
18	Private foundation. If the organization di						· _
	instructions						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Southern Redhead Farms Rescue Part III Support Schedule for Organizations Described in Section 509

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.)

Secti	on A. Public Support						-
Calen	dar 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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf.						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.).						
Secti	on B. Total Support				1	•	
	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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.)						
14	First 5 years. If the Form 990 is for the o	rganization's	first, second, tl	hird, fourth, or	fifth tax year a	s a section 5	01(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (lin			by line 13, co	olumn (f))	. 15	%
16	Public support percentage from 2019						%
Secti	on D. Computation of Investment Inc					- -	
17	Investment income percentage for 2020			d by line 13, co	olumn (f))	. 17	%
18	Investment income percentage from 201			•		. 18	%
19a	33 1/3 % support tests-2020. If the organ						
	line 17 is not more than 33 ¹ /3%, check this						
b	33 1/3 % support tests-2019. If the organi	-	•	•			•
	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization die	-	-				-

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

Part IV

- 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, Ioan, 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.)

2

1

3

- -

.

Yes No

s 11b and 11a 11b	Yes	Nc
11a 11k		Nc
11a 11k	1	
11a 11k	1	
11k	1	
1.111 D. 111)	
itali in Part VI. 11c	;	
	Yes	N
one or		
officers,		
) effectively		
ganization,		
ted		
1		
d I		
f S S n n	tone or sofficers, s) effectively rganization, rted d ain in Part rated,	f one or s officers, s) effectively rganization, rted 1 ed ain in Part

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported rganization(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			

By reason or 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 supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** U The organization is the parent of each of its supported organizations. *Complete* **line 3** below.
- c U The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).
 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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). 7 Check here if the current year is the organization's first as a non-functional content. 	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t 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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		•	10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required- <i>explain in Part VI</i>). See instr.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	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				
b	Applied to 2020 distributable amount				
С	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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

UYA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Southern Redhead Farms Rescue 81-4262619 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCH	EDI	JL	Е	0
(Form	990	or	99	0-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

Southern Redhead Farms Rescue

Employer identification number 81-4262619

Schedule O (Form 990 or 990)-EZ) 202	20								Page 2
Name of the organization							Employer identification number			
Southern Redhead Farms Rescue						81-4262619				
Part II Line	26									
		and	accrued	expenses.	Beginning:\$850.	00	Ending:	\$0.	.00	