## IRS e-file Signature Authorization for an Exempt Organization For calendar year 2019, or fiscal year beginning , 2019, and ending , 20 Do not send to the IRS. Keep for your records.

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OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	<ul><li>Do not send to the IRS. Keep for your records.</li><li>Go to www.irs.gov/Form8879EO for the latest information</li></ul>	n	2019
Name of exempt organization		Employer identificati	on number
TINY N TALL RES	SCUE INC	82-3361266	
Name and title of officer		02 3301200	
NICCALINA SANT	ILLI, CHIEF FINANCIAL OFFICER		
Part I Type of	Return and Return Information (Whole Dollars Only)		
	e return for which you are using this Form 8879-EO and enter the applicat	ole amount if any	from the return. If you
check the box on line leave line <b>1b, 2b, 3b,</b>	<b>a 1a, 2a, 3a, 4a,</b> or <b>5a,</b> below, and the amount on that line for the return be <b>4b,</b> or <b>5b,</b> whichever is applicable, blank (do not enter -0-). But, if you en clow. <b>Do not</b> complete more than one line in Part I.	eing filed with this	form was blank then
1a Form 990 check I		12)	1b
2a Form 990-EZ che	ck here ► 🗵 b Total revenue, if any (Form 990-EZ, line 9)		<b>2b</b> 152,232.
3a Form 1120-POL	check here ► U <b>b Total tax</b> (Form 1120-POL, line 22)		3b
4a Form 990-PF che	eck here ► □ <b>b Tax based on investment income</b> (Form 990-PF, Part V	/I, line 5)	4b
5a Form 8868 check	chere ► ☐ b Balance Due (Form 8868, line 3c)		5b
Part II Declar	ation and Cignothus Authoritation ( 000		
Under penalties of p	ation and Signature Authorization of Officer erjury, I declare that I am an officer of the above organization and that I ha	ve evenined e ee	au of the
organization's electr to send the organizathe transmission, (b) authorize the U.S. Tr financial institution a return, and the finan Agent at 1-888-353- involved in the proc resolve issues relate electronic return and Officer's PIN: chec	d complete. I further declare that the amount in Part I above is the amount onic return. I consent to allow my intermediate service provider, transmitter tion's return to the IRS and to receive from the IRS (a) an acknowledgement the reason for any delay in processing the return or refund, and (c) the date reasury and its designated Financial Agent to initiate an electronic funds we account indicated in the tax preparation software for payment of the organical institution to debit the entry to this account. To revoke a payment, I meresard no later than 2 business days prior to the payment (settlement) date essing of the electronic payment of taxes to receive confidential informationed to the payment. I have selected a personal identification number (PIN) and, if applicable, the organization's consent to electronic funds withdrawal.  Exercised to the payment. The organization's consent to electronic funds withdrawal.  Exercised to the payment of taxes to receive confidential information to the payment. I have selected a personal identification number (PIN) and the organization's consent to electronic funds withdrawal.  Exercised to the payment. The organization is consent to electronic funds withdrawal.  Exercised to the payment of taxes to receive confidential information to the payment. I have selected a personal identification number (PIN) and the organization's consent to electronic funds withdrawal.	er, or electronic retent of receipt or reate of any refund. I vithdrawal (direct dization's federal taust contact the U. I also authorize the on necessary to an is my signature for Enter five numbers, I do not enter all zero.	urn originator (ERO) ason for rejection of f applicable, I lebit) entry to the xes owed on this S. Treasury Financial ne financial institutions swer inquiries and the organization's  as my signature but s
being filed wit	ation's tax year 2019 electronically filed return. If I have indicated within the has state agency(les) regulating charities as part of the IRS Fed/State programy PIN on the return's disclosure consent screen.	is return that a cop ram, I also authoriz	by of the return is te the aforementioned
If I have indica	of the organization, I will enter my PIN as my signature on the organization' ated within this return that a copy of the return is being filed with a state ago state program, I will enter my PIN on the return's disclosure consent screer	ency(ies) regulating	ectronically filed return. g charities as part of
Officer's signature ▶	Date ►	05/15/2020	
	ication and Authentication		
	Enter your six-digit electronic filing identification		
number (EFIN) folio	wed by your five-digit self-selected PIN.	Denete	aton oll poros
indicated above. I	ove numeric entry is my PIN, which is my signature on the 2019 electronical confirm that I am submitting this return in accordance with the requirement thorized IRS e-file Providers for Business Returns.	ally filed return for	
ERO's signature ▶	Date >	05/13/2020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	- V / W C / V V V		
,	ERO Must Retain This Form — See Instruction Do Not Submit This Form to the IRS Unless Requested		

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

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

2019

OMB No. 1545-0047

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

Open to Public

<b>&gt; 21</b>
٠ ي
(A)) (must agree with
Line 16. Stm
7a)
<b>7b</b> 11, 1
6c and 6b and subtract
6b
_of contributions
6a
-
Irom line 5a)
5b
5a
וטוו ווו נוווא רמונו
Check if the organization used Schedule O to respond to any cureation in this Boot I
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
Other
$4947(a)(1)$ or $\boxed{527}$ (Form 990, 990-EZ, or 990-PF).
H Check
п
_
D
2019, and ending
and the latest information.
may be made pub

Form 990-EZ (2019)				סר	Page 2
Part II Balance Sheets (see the instructions for Part II)  Check if the organization used Schedule O to respond to provide size in this part II	r Part II)	and the second	=		
	1	1	(A) Beginning of year	(B) End of year	[3
			16,705.	<b>22</b> 11,5	574.
23 Land and buildings					
			16 705	24	7 / 2
			224.	4,	998.
1	B) must agree with	line 21)	13,481.	<b>27</b> 6,576.	76.
Check if the organization used Schedule O to respond to any question in this Part III	<b>lishments</b> (see th ) to respond to ar	e instructions for F	Part III)	Expenses	
What is the organization's primary exempt purpose?	See Part III Stmt	Stmt	<u> </u>	(Required for section 501(c)(3) and 501(c)(4)	=
Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	nments for each of nner, describe the horogram title.	its three largest p		organizations; optional for others.)	al for
28 VETERINARY CARE - WE PROVIDE ALL OUR DOGS WITH ANY MEDICAL CARE THEY NEED TO GET THEM HEALTHY FOR THEIR FOREVER HOME	UR DOGS WITH FOR THEIR FO	ANY MEDICAL DREVER			
(Grants \$ 0.	) If this amount includes foreign grants, check here	nts, check here .	· · ·	<b>28a</b> 79,1	161.
29 SHELTER - WE PROVIDE FOSTER CARE FOR ALL OF OUR DOGS.	OR ALL OF OUR	DOGS.			
SUPPLIES THE DOGS NEED WHILE IN OU	R CARE				
(Grants \$ 0.	) If this amount includes foreign grants, check here	nts, check here .	· · ·	<b>29a</b> 61, 9	983.
OF OUR FOSTER DOGS SO THEY CAN SUCCEED IN THEIR FOSTER	NING CLASSES	TO ALL FOSTER			
(Grants \$ 0.	) If this amount includes foreign grants, check here	nts, check here .	· ·	<b>30a</b> 5, 2	262.
31 Other program services (describe in Schedule O)			] .		
gram service expenses	add lines 28a through 31a)	nts, check here .		116	
	Employees (list each	one even if not comp	pensated – see the ins	structions for Part	art 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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	ion of
NICCALINA SANTILLI					
MELISSA YOUNG		6	0.		
ANNMARGARET HORIST	50.00	4,615.	0.		0.
SECRETARY	5.00	0.	0.		0.

×	45b	meaning of section 512(b)(13)? If Test, Form 990-F2 See instructions	
			ь
×	45a		45a
	44d	explanation in Schedule O	۵
×	44c	Did the organization receive any payments for indoor tanning services during the year?	L O
×	44 <sub>b</sub>	completed instead of Form 99	
		Did the organization	ъ
×	442		44a
Yes No	4		
		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶   43	43
×	42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	ი
	*	See the instructions for exceptions and iming requirements for information of the port of longitudinal and included the long	
- A		If "Yes," enter the name of the foreign country ►	
× No	42b	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)?	0
•	5	Located at ▶ 38W394 HILLTOP DR , SAINT CHARLES IL ZIP + 4 ▶ 60175	
6733	(630)398-6733	SANTILLI Telephone no. >	42a
×	40e	transaction? If "Yes," complete Form 8885-1	41
		All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	Ф
7		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	۵
		4955, and 4958	
		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,	C
×	40b	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	
		ection	ь
*, 1		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	40a
		Gross receipts, included on line 9, for public use of club facilities	ь -
		Initiation fees and capital contributions included on line 9	a
F	SAME TO SAME THE	If "Yes," complete Schedule L, Part II, and enter the total amount involved	3 5
×	38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	2
×	37b		38. 5
<b>×</b>	S		37a
•	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36
×	35c		
	35b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	n 0
×	35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	
×	3	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a
	2	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	
>	8	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	2
		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	జ
es .			
-	s in the s 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 V.	Part V
Page 3		Z (2)	Form 990

Ye	Form 990-EZ (2019)
Yes	Pag
S	ge

NONE 46 47 50 49a 8 NONE 51 Here Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Preparer Paid 52 May the IRS Use Only Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities or have a section 501(h) election in effect during year? If "Yes," complete Schedule C, Part II employees) who each received more than \$100,000 of compensation from the organization. If there is none, Complete this table for the organization's five highest compensated employees (other than officers, If "Yes," was the related organization a section 527 organization? Did the organization make any transfers to an exempt non-charitable related organization?. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None." Total number of other employees paid over \$100,000 completed Schedule A Did the organization complete Total number of other independent contractors each receiving over \$100,000 (a) Name and title of each employee (a) Name and business address of each independent contractor Section 501(c)(3) Organizations Only Check if the organization used Schedule O to respond to any question in this Part VI 50 and 51. All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines | Firm's address ▶ 2210 DEAN STREET, SOLID IN 2, OL. CHANGE discuss this return with the preparer shown above? See instructions Firm's name PATRICK Print/Type preparer's name Type or print name and title Signature of officer NICCALINA SANTILLI, NAUGHTON & 2210 DEAN STREET NAUGHTON Schedule COMPANY CHIEF devoted to position Ņ, (b) Average SUITE (N-2, Note: All section 501(c)(3) FINANCIAL ST. (Forms W-2/1099-MISC) OFFICER V CHARLES, (c) Reportable (b) Type of service organizations must attach II 05/13/2020 self-employed (d) Health benefits, contributions to employee benefit plans, and deferred compensation 60175 Phone no. 05/15/2020 Firm's EIN ▶ Date directors, trustees, and key the tax 20-1935923 □ =: (630)584-6513(c) Compensation (e) Estimated amount of other compensation a enter "None." X Yes × Yes P00000554 49b 49a 8 47 46 Yes □ No No than S O l X i × × ×

REV 04/21/20 PRO