### Form 8879-E0

### IRS e-file Signature Authorization for an Exempt Organization

2018.	and ending	. 20

For calendar year 2018, or fiscal year beginning

OMB No. 1545-1878

Department of the Treasury ▶ Do not send to the IRS. Keep for your records. Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization **Employer identification number** TINY N TALL RESCUE INC 82-3361266 Name and title of officer NICCALINA SANTILLI, CHIEF FINANCIAL OFFICER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ► 🗵 b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . 3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) . . . . . . . . 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) . . . . . . . . . . . . . . . Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return.

If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05/01/2019

#### Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31613111014101311101	3	6	3	1	0	4	8	3	1	8	6
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I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS esfile Providers for Business Returns.

ERO's signature ▶

Date ► 08/01/2019

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

# Form 990-EZ

# 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)

2018

OMB No. 1545-1150

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

A F	or the	2018 calendar year, or tax year beginning , 2018, and ending	, 20	
B	heck if ap	oplicable: C Name of organization D Em	ployer identification number	
	Address c	hange TINY N TALL RESCUE INC 82	2-3361266	
	Name cha	nge Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel	lephone number	
	Initial retur	JOWN JA HILLIOF DRIVE	630)398-6733	
	Final returi Amended	n/terminated City or town, state or province, country, and ZIP or foreign postal code  F Gr	roup Exemption	
		return	umber ▶	
			★ If the organization is	not
	Vebsite		red to attach Schedule B	
			990, 990-EZ, or 990-PF).	
		organization: Storporation Trust Association Other	, , , , , , , , , , , , , , , , , , , ,	
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	te .	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		: Ω
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
	arti			
_	-	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		8.
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses	•	
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events:	5c	
e	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	Ot.	
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
ev	~	from fundraising events reported on line 1) (attach Schedule G if the		
Œ		sum of such gross income and contributions exceeds \$15,000)   6b		
	С	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	-	
	"	line 6c)		
	70	- Marion - M	6d	
	7a			
	b	the second secon		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		9.
	8	Other revenue (describe in Schedule O)	8	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		7.
	10	Grants and similar amounts paid (list in Schedule O)	10	
4.	11	Benefits paid to or for members	11	
Expenses	12	Salaries, other compensation, and employee benefits		
ens	13	Professional fees and other payments to independent contractors		
ğ	14	Occupancy, rent, utilities, and maintenance		
Ú		Printing, publications, postage, and shipping		4.
	16	Other expenses (describe in Schedule O) See. Line 16. Stmt .	16 96,36	
	17	Total expenses. Add lines 10 through 16	17 97,46	
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 10,17	
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
AS		end-of-year figure reported on prior year's return)		19.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		1 -

Par	SECONDARY CONTROL SECOND SECOND SERVICE SECOND SERVICE SECOND SEC	SAMO DO 119 DISCORDANCE LICENTE	v question in this	Dart II		
	Check if the organization used Schedule	O to respond to ar	y question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			3,309.	22	16,705.
23	Land and buildings				23	,
24	Other assets (describe in Schedule O)		[		24	
25	Total assets			3,309.	25	16,705.
26	Total liabilities (describe in Schedule O)				26	3,224.
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	3,309.	27	13,481.
Part						_
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III $\square$	(Poo	Expenses uired for section
What	is the organization's primary exempt purpose?	See Part III	Stmt			c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the	f its three largest p e services provided	rogram services, d, the number of	orga othe	nizations; optional for rs.)
28	VETERINARY CARE - WE PROVIDE ALL CARE THEY NEED TO GET THEM HEALTH					
	HOME	T FOR THEIR PO	71CL V L1C			
		includes foreign gra	nts check here	▶ □	28a	65,137.
	SHELTER - WE PROVIDE FOSTER CARE					03/13/1
23	THIS INCLUDES FOOD, TOYS, BEDS, C SUPPLIES THE DOGS NEED WHILE IN O	OLLARS AND ANY				
		includes foreign gra	nts check here	▶ □	29a	29,541.
30	BEHAVIORAL SUPPORT - WE OFFER TRA					23/012
00	OF OUR FOSTER DOGS SO THEY CAN SU HOMES					
		includes foreign gra	nts. check here .	▶ □	30a	1,812.
31	Other program services (describe in Schedule O)					
٠.	, ,	includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	96,490.
Par	List of Officers, Directors, Trustees, and Key	y Employees (list each	one even if not com	pensated—see the i	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar				[
	(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-)		(	Estimated amount of their compensation
NIC	CALINA SANTILLI					
	EF FINANCIAL OFFICER	50.00	0.	0		0.
MEL	ISSA YOUNG					
	EF OPERATING OFFICER	50.00	0.	0		0 .
AMA	NDA KAISER					
DIR	ECTORS	3.00	0.	0		0 .
KAT	HY MORRIS					
DIR	ECTORS	3.00	0.	C	).	0 .
EMI	LY JONES					
DIR	ECTORS	3.00	0.	C	).	0 .
					-	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th s Part	e V	П
		, art	Yes	
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		×
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×
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 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			-
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	000		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
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		×
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			12.0
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 ▶	2		
42a	The organization's books are in care of ► NICCALINA SANTILLI  Located at ► 38W394 HILLTOP DR , SAINT CHARLES IL  ZIP + 4 ► 601		8-67	33
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	13	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	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? . If "Yes," enter the name of the foreign country ▶	42c		×
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			<b>▶</b> ∐
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
770	completed instead of Form 990-EZ	44a		×
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		×
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)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of		LANE	
	Form 990-EZ. See instructions	45b		×

	5111				_		Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	in opposit			
	to candidates for public office? If "Yes," o		Part I			. 46		×
Part V	Section 501(c)(3) Organization: All section 501(c)(3) organization		stions 17 10h and	50 and aa	malata th	o tobloo	for lin	
	50 and 51.	is must answer que	Suons 47–490 and	52, and 60	mpiete tri	e tables	ior iin	es
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				П
	Chican in the organization about 50	nodulo o to respond	to any question in t	ino i ait vi			Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect of	during the	tax	1.00	110
	year? If "Yes," complete Schedule C, Par							×
48	Is the organization a school as described in							×
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	zation?		. 49a		×
b	If "Yes," was the related organization a se	ection 527 organizatio	on?			. 49b		
50	Complete this table for the organization's	five highest compens	sated employees (oth	er than offic	ers, direct	ors, truste	es, ar	ıd key
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ			e, enter "l	None.	,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimat		
NONE								
			v v					
		-						
		-						
- f	Total number of other employees paid ov	100 000						
51	Complete this table for the organization				who sook			
31	\$100,000 of compensation from the organization	anization. If there is no	one, enter "None."	Contractors	WIIO Eaci	received	inore	: unan
	(a) Name and business address of each indepen	dont contractor	(h) Tuno of con-		4-1			
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(C)	Compensa	tion	
NONE								
			-					
			-					
			-					
			-					
d	Total number of other independent contr	actors each receiving	over \$100,000	<b>&gt;</b>				
52	Did the organization complete Sched			nizations m	uist attac	h a		
	completed Schedule A					.►⊠ Ye	s $\square$	No
Under pe	enalties of perjury, I declare that I have examined this	return, including accompan	lying schedules and statement	ents, and to the	best of my k			
true, cor	rect, and complete. Declaration of preparer (other tha	n officer) is based on all info	ormation of which preparer	has any knowle	dge.	3		
	-		-	05	/01/201	9		
Sign	Signature of officer		0.000	Dat	е			
Here	NICCALINA SANTILLI, C	CHIEF FINANCIAL	OFFICER					
	▼ Type or print name and title	Drodovata	1-			1		
Paid	Print/Type preparer's name	Preparer's signature		ate	Check _	if PTIN	2005	T 4
Prepa	NATIOUMON . CO	yet I James	ran 0	8/01/201		byed P000		54
Use (		MPANY /	CT CUNDIEC II		n's EIN ▶20			2
May th	Firm's address ► 2210 DEAN STRE ne IRS discuss this return with the prepare		instructions	60175 Pho	one no. (6	530)584 ► 🗷 <b>Ye</b>		
, v. wy (1)	Sicosco and return with the prepare	a Showin above: See				► IN Ye	5	INO

TINY N TALL RESCUE INC 82-3361266

## Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

#### **Continuation Statement**

1

Description	Amount
WEBSITE	1,185.
INSURANCE	1,392.
BANK AND PAYPAL FEES	1,908.
STORAGE	1,373.
VETERINARY EXPENSE	63,950.
MEDICINE	1,187.
DOG FOOD	1,609.
SUPPLIES	7,250.
ADVERTISING AND MARKETING	5,408.
DUES & FEES	7,227.
AUTOMOBILE EXPENSE	2,859.
OFFICE EXPENSE	765.
AUCTION ITEMS	248.
Total	96,361.

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

#### **Continuation Statement**

Organization's Primary Exempt Purpose	
PROVIDE TEMPORARY SHELTER, VETERINARY	
CARE, AND BEHAVIORAL SUPPORT FOR SMALL	
AND GIANT BREED DOGS	