# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

### **ARMANINO**<sup>LLP</sup>

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

#### \*\* PUBLIC DISCLOSURE COPY \*\* 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

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

ns)	OMB No. 1545-0047
	Open to Public Inspection
	mopeeden

<u>A</u> [	For the	e 2021 calendar year, or tax year beginning JUL 1, 2021 and	ending J	JN 30, 2022	
B a	Check if applicabl	e: C Name of organization		D Employer identific	ation number
	Addre	e RESURGE INTERNATIONAL			
	Name Chang			23-7297770	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	756 N PASTORIA AVE.		(408)-737-874	13
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	10,997,311.
	Amen	SUNNIVALE, CA 94085		H(a) Is this a group ret	turn
	Applic tion pendi	r Name and address of principal officer.		for subordinates?	? └── Yes └X No
		SAME AS C ABOVE		H(b) Are all subordinates inc	
		empt status: $X = 501(c)(3)$ $501(c)()$ $(insert no.)$ $4947(a)(1)$	or 527	1 '	ist. See instructions
				H(c) Group exemption	
		organization: X Corporation	<b>L</b> Year	of formation: 1973 M	State of legal domicile: CA
Pa	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities:		TIONAL S MISSION	
anc		IS TO TRAIN, FUND, AND SCALE RECONSTRUCTIVE SURGICAL TEAMS I			
Activities & Governance	2	Check this box      if the organization discontinued its operations or dispose			ets. 26
200	3				25
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			78
îtivi	72	Total number of volunteers (estimate if necessary)			0.
Ac	h			7a 7b	0.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,569,912.	6,083,015.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56,011.	109,415.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-15,727.	-183,296.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,610,196.	6,009,134.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		59,581.	48,780.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,286,740.	1,566,746.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		32,373.	38,800.
be	. b	Total fundraising expenses (Part IX, column (D), line 25)			
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,203,219.	2,120,871.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,581,913.	3,775,197.
		Revenue less expenses. Subtract line 18 from line 12		28,283.	2,233,937.
S OL			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		4,859,082.	6,808,797.
st As	1	Total liabilities (Part X, line 26)		401,936.	607,679.
ER.		Net assets or fund balances. Subtract line 21 from line 20		4,457,146.	6,201,118.
Pa	art II	Signature Block			

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.

Sign	Signature of officer		Date							
Here	CLAIRE LACHANCE, PRESIDENT & CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	Paid MATTHEW PETROSKI 05/11/23									
Preparer	Firm's name ARMANINO LLP		Firm	s EIN 🕨 94-6214841						
Use Only	Firm's address 🕨 50 W. SAN FERNANDO ST, S	TE 500								
	SAN JOSE, CA 95113 Phone no.408-200-6400									
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No						
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Ilocations to others, the total expenses         18,780.)       (Revenue \$	, and
18,780.) (Revenue \$ HE	
IE	12,414.
) (Revenue \$	
) (Revenue \$)	
) (Revenue \$	

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-orm	990	(2021)	

RESURGE INTERNATIONAL

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)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? х 9 If "Yes," complete Schedule D, Part IV ..... 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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 Х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 x 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... е Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? x 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." x 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Form 990 (2021)

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Form	990	(2021)
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RESURGE INTERNATIONAL

Pa	t IV Checklist of Required Schedules (continued)			<u></u>
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
~~		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23	x	
04-	Schedule J	23		
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	0.4		x
	Schedule K. If "No," go to line 25a	24a		
	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization'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			1
	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 the 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 line 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	Х	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization 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			
	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			
	Part V, line 1	34	X	<b> </b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<b> </b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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			
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			ſ		Yes	No
	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, d for the calendar year ending with or within the year covered by this return	2a	10			
	t least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	te: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions			LU		
				3a		х
	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	any time during the calendar year, did the organization have an interest in, or a signature or other a					
	incial account in a foreign country (such as a bank account, securities account, or other financial a			4a	x	
	Yes," enter the name of the foreign country > INDIA, NEPAL	,				
	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBA	R).			
<b>a</b> Wa	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
<b>b</b> Did	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		Х
c lf "∖	Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	es the organization have annual gross receipts that are normally greater than \$100,000, and did the					
any	contributions that were not tax deductible as charitable contributions?			6a		х
b If "`	Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	re not tax deductible?			6b		
Org	panizations that may receive deductible contributions under section 170(c).					
<b>a</b> Did	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	to the payor?	7a	х	
b If "`	Yes," did the organization notify the donor of the value of the goods or services provided?			7b	х	
<b>c</b> Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required				
to f	ile Form 8282?			7c		Х
d If "`	Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		Х
<b>f</b> Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
<b>g</b> lfth	ne organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as re	equired?	7g		
h lf th	ne organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Forr	n 1098-C?	7h		
S Spo	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
spc	nsoring organization have excess business holdings at any time during the year?			8		
) Spo	onsoring organizations maintaining donor advised funds.					
<b>a</b> Did	the sponsoring organization make any taxable distributions under section 4966?			9a		
<b>b</b> Did	the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
) Sec	ction 501(c)(7) organizations. Enter:					
<b>a</b> Initi	ation fees and capital contributions included on Part VIII, line 12	10a				
<b>b</b> Gro	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	ction 501(c)(12) organizations. Enter:	- I				
	ss income from members or shareholders	11a				
<b>b</b> Gro	ess income from other sources. (Do not net amounts due or paid to other sources against					
	ounts due or received from them.)	11b				
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	ction 501(c)(29) qualified nonprofit health insurance issuers.					
	he organization licensed to issue qualified health plans in more than one state?			13a		
	te: See the instructions for additional information the organization must report on Schedule O.					
	er the amount of reserves the organization is required to maintain by the states in which the					
	anization is licensed to issue qualified health plans	13b				
	er the amount of reserves on hand	13c				
				14a		X
	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
	he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v
	ess parachute payment(s) during the year?			15		X
	Yes," see the instructions and file Form 4720, Schedule N.					••
	he organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
i Is ti						
6 lstl lf"∖	Yes," complete Form 4720, Schedule O.					
is ti If "` <b>Sec</b>	Yes," complete Form 4720, Schedule O. ction 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
ls ti If "` <b>Sec</b> acti	Yes," complete Form 4720, Schedule O.	any		17		

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Dime Bit Bit, Dir Die below, describe the circumstances, processes, or changes on Schedule 0. See instructions.             Darks II Schedule 0. Coordains response or note to any line in this Part VI             Describ II Schedule 0. Coordains response or note to any line in this Part VI             The Bit Bit Coordains or the governing body at the end of the tax year           1         1         1		1 990 (2021) RESURGE INTERNATIONAL 23-7297'			Pa
Check if Schecklik D-contains a response or note to any line in this Part VI         interview       The state number of voting members of the governing body, and the angenetic that a close, where an independent of the organization heave project?       2         2       Did nor officier, director, trustes, or key employees have a family relationship or a business relationship with any other office, director, trustes, or key employees have a family relationship or a business relationship with any other office, directors, trustes, or key employees have a family relationship or a business relationship with any other office, directors, trustes, or key employees have a family relationship or the part of the governing body?       2         3       Did the organization heave members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by members, stockholders, or the persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by members, stockholders, or the persons about policies not required by the interval electrons.       7a         bid the organization heave members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by members, stockholders, or persons about policies not required by the interval electrons.       7a         bid the organization members, bid whith an addressese or Schedule O       7a	1 4		a "No"	respo	n
isection A. Governing Body and Management          1a       Enter the number of voting members of the governing body at the end of the tax year       1a       1a       1a       1a       25         1b       Enter the number of voting members included on line 1a, above, who are independent       1b       1b       25         2       Did any office, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to 1b governing ducuments since the prior Form 900 was filed?       2         3       Did the organization backgard control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to 1b governing ducuments since the prior Form 900 was filed?       3         4       Did the organization backgard the year of a significant diversion of the organization's assets?       6         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more more of the governing body?       8         8       Did the organization backgard by equipation or the organization's assets?       6         9       Is there any officer, director, trustee, or key employees to any power of the governing body?       8         9       Is there any officer, director, trustee, or key employees and procedures governing body?       8         9       Is there any officer, director, trustee, or key employees and procedures governing bod					
1a       Enter the number of voting members of the governing body at the end of the tax year       1a       26         1b       Enter the number of voting members included on line 1a, above, who are independent       1b       25         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or the direct supervision of officers, director, trustees, or key employee to a management company or other person?       2         3       Did the organization become aware during the year of a significant diversion of the organization sasets?       5         5       Did the organization become aware during the year of the persons who had the power to elect or appoint one or more members of the oparenization relations, stockholders?       7         6       Did the organization have members, stockholders?       6         7       Did the organization become aware during the year of the persons who had the power to elect or appoint one or more members of the oparenization relation stockholders?       7         8       Did the organization have members, stockholders?       7       7         9       Did the organization changemember, stockholders?       7       7         9       Did the organization changement stockholders?       7       7         9       Did the organization changement stockholders?       8       7         9<	Sec				-
1a       Enter the number of voting members of the governing body, of the powering body, of the powering body delegated broad authority to an exocute committee or similar committee, explain on Schedule 0.       1b       25         0       De structure of voting members included on line 1a, above, who are independent				Yes	-
If there are material differences in volting rights among members of the governing body, or if the governing body, or if the governing body, or if the governing body or index of index or index or have a management duction of the organization and and the organization measure use on the governing body or index of a significant thanges to its governing body or index of a significant thanges to its governing documents since the prior Form 980 was filed?  2 Did the organization make any significant changes to its governing documents since the prior Form 980 was filed?  3 Did the organization have members or stochholders?  4 Did the organization have members or stochholders?  5 Did the organization have members or stochholders?  5 Did the organization have members stochholders?  5 Did the organization have members stochholders?  5 Did the organization have members or stochholders?  5 Did the organization have members or stochholders?  5 Did the organization have members stochholders?  5 Did the organization have members stochholders?  5 Did the organization have members or stochholders?  5 Did the organization have written policies and provide the approvent by body forer filling the array governing body?  5 Did the organization have written policis and provide the proving body borore filling the array and addres	1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		Ī
bitly divided broad authority to an executive committee or similar committee, explain on Schudul 0.       b       c       2       b       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c       c		If there are material differences in voting rights among members of the governing body, or if the governing			
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Did the organization have local chapters, branches, or affiliates?       10a X         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 X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         12a       Did the organization have a written conflict of interest policy? If 'No,'' go to line 13       12a X         12b       Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?       12c X         12 Did the organization have a written whistleblower policy?       13 X         13 Did the organization have a written document retention and destruction policy?       14 X         14 Did the organization have a written document retention and destruction policy?       14 X         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?       15a X         16 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         16 If 'Yes,'' did the organization to make its Form 990 is required to be filed ▶CA_AL, AR, FL, GA_HI, TL, KS, KY, MD, MA, MI       16a		(I his Section B requests information about policies not required by the internal Revenue Code.)		Vor	
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and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a       X         2b       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         c       Did the organization have a written whistebiower policy?       14a       X         3D       Did the organization have a written document retention and destruction policy?       14a       X         12b       Did the organization have a written document retention and destruction policy?       14a       X         13D       Did the organization have a written document retention and destruction policy?       14a       X         14b       Did the organization in west in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         14b       If "Yes" id line 15a or 15b, describe the process on Schedule 0. See instructions.       16a       16a         15D       If "Yes", id dithe organization investi n, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         1					-
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a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       16a         If "Yes," 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         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         Bection C. Disclosure       16b       16b         IT       List the states with which a copy of this Form 990 is required to be filed ▶CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI         I8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       161         20       Set the name, address, and telephone numb	15				
b       Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       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         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?       16a         Section C. Disclosure       16b         If "Yes," did the organization in omake its Form 990 is required to be filed ▶CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI       16b         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024.A, if applicable), 990, and 990-T (section 501(c)(3)s only) avai for public inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.         If Own website       Another's website       Image: Upon request       Other (explain on Schedule O)         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       103         20       State the name, address, and telephone number of the person who possesses the organization's books and records       107 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         I6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       I6a         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?       I6a         Bection C. Disclosure       I6b         I7       List the states with which a copy of this Form 990 is required to be filed ▶CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI         I8       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply.         IX       Own website       Another's website       IX       Upon request       Other (explain on Schedule O)       Other (explain on Schedule O)         I9       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       Image: Imag			15a	•	_
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exempt status with respect to such arrangements?         16b         Gection C. Disclosure         17 List the states with which a copy of this Form 990 is required to be filed ▶CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI         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)s only) availed for public inspection. Indicate how you made these available. Check all that apply.         Image: Im	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
<ul> <li>Section C. Disclosure</li> <li>I7 List the states with which a copy of this Form 990 is required to be filed ▶CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI</li> <li>I8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. <ul> <li>X Own website</li> <li>Another's website</li> <li>X Upon request</li> <li>Other (explain on Schedule O)</li> </ul> </li> <li>I9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> <li>FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - (408)-737-8743</li> <li>3180 NEWBERRY DRIVE, SAN JOSE, CA 95118</li> <li>SEE SCHEDULE O FOR FULL LIST OF STATES</li> <li>7</li> </ul>		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<ul> <li>If List the states with which a copy of this Form 990 is required to be filed ▶CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availed for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li></ul>	_		16k		_
<ul> <li>Rection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>	Sec				_
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3180 NEWBERRY DRIVE, SAN JOSE, CA 95118 32006 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES Form 99 7	20	State the name, address, and telephone number of the person who possesses the organization's books and records			
32006 12-09-21     SEE SCHEDULE O FOR FULL LIST OF STATES     Form 99       7     7		FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - (408)-737-8743			
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Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Hig	est Compensated	
Er	mployees, and Independent Contractors		
Ch	neck if Schedule O contains a response or note to any line in this Part VII		
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employee	\$	
1a Complete t	this table for all persons required to be listed. Report compensation for the calendar yea	r ending with or within the organization's ta	ax year.
<ul> <li>List all of</li> </ul>	f the organization's <b>current</b> officers, directors, trustees (whether individuals or organiza	ions), regardless of amount of compensation	on.

Elst all of the organization's current officers, directors, trust Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is officer and a director		s both	n an	compensation	compensation	amount of	
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolq r	t con	_	1099-1420)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEFFERY WHISENANT	40.00									
PRESIDENT & CEO		х		х				239,113.	0.	29,071.
(2) BEVERLY KENT	40.00									
CHIEF OPERATING OFFICER						х		144,639.	0.	26,318.
(3) DEBORAH GRANT	40.00									
CHIEF DEVELOPMENT OFFICER					х			151,744.	0.	5,708.
(4) NATALIE MEYERS	40.00									
CHIEF PROGRAM OFFICER						x		122,064.	0.	19,930.
(5) MEREDITH TAYLOR	4.00									
CHAIR		Х		Х				0.	0.	0.
(6) MANISHA GULATI	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) JOHN COCHRANE	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) TYSON CLARK	1.00									
TREASURER (THRU 11/21)		Х		Х				0.	0.	0.
(9) WENDELL ALDERSON, R.N.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DELALI ATTIPOE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NISHA CHAUDRY	1.00									
BOARD MEMBER (THRU 06/22)		Х						٥.	0.	0.
(12) DIANE FLYNN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DOROTHY GAAL, M.D.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KATHRYN HANSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) WENDE HUTTON	2.00									
BOARD MEMBER		х						٥.	0.	0.
(16) KAREN MOORE	2.00									
BOARD MEMBER		Х						٥.	0.	0.
(17) MATTHEW NAYTHONS, M.D.	1.00									
BOARD MEMBER		Х						0.	0.	0.
132007 12-00-21										Form <b>990</b> (2021)

8

132007 12-09-21

Form 990 (2021)

Construction       (a)       (b)       (c)	Form 990 (2021) RESURGE INTER									23-729	7770	)	Pa	age <b>Ø</b>
Name and tills         Average week (list any list and list a	Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
Number of independent contractors (including but not limited to those isleed above) who received more than \$100,000 of services     Compensation from related or ganization from related or ganization is any service of services     Compensation of the organization of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of services     Compensation of the organization is any service of service of service of services     Compensation of the organization of the organization of the service of services     Compensation of the organization of the service of services     Compensation of the organization of the orga	(A)	(B)							(D)	(E)			(F)	
Notify Ber     Notify Ber <td>Name and title</td> <td>, e</td> <td>(do</td> <td></td> <td></td> <td></td> <td></td> <td>ne</td> <td>Reportable</td> <td>Reportable</td> <td></td> <td>Est</td> <td>imate</td> <td>ed</td>	Name and title	, e	(do					ne	Reportable	Reportable		Est	imate	ed
Intermining the second secon			box	, unles	ss per	son i	s both	an	·	•				of
Hours for granizations     Hours for granization     Hours for granizations     Hours for gran														tion
(13) DAYLD MORTON N.D.,       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			directo							•	.,			
(13) DAYLD MORTON N.D.,       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			e or o	stee			Isated		, and a second sec		″			
(13) DAYLD MORTON N.D.,       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		organizations	truste	al tru:		yee	im per					•		
(13) DAYLD MORTON N.D.,       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		below	idual	tution	er	aldma	est cc loyee	ıer				orga	nizatio	ons
(13) DAVID NORPON, M, D,       1,00       x       0,       0,       0,       0,         (13) RECINARD REDEFT, M, D,       3,00       x       0,       0,       0,       0,         (13) RECINARD REDEFT, M, D,       3,00       x       0,       0,       0,       0,         (13) RECINARD REDEFT, M, D,       1,00       x       0,       0,       0,       0,       0,         (14) RETURE SHELDON       1,00       x       0,       0,       0,       0,       0,         BOARD MEMBER       x       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,		line)	Indiv	Insti	Offic	Key e	High emp	Form						
(13)       RECEARD REDETY, M.D.       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(18) DAVID NORTON, M.D.	1.00												
DOADD PLEASER       X       I       0       0       0       0         (20) TOM SEERY       1.00       1.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	BOARD MEMBER		Х						0.		٥.			0.
(20) TOM SEERY       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<	(19) RICHARD REDETT, M.D.	1.00												
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(21) EILEEN SHELDON       1.00       x       0.       0.       0.         DARD MEMBER       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td></td> <td>1.00</td> <td></td>		1.00												
BOARD MEMBER DATA L DO A D A D A D A D A D A D A D A D A D			Х						0.		0.			0.
(22) CHRISTINA DICKERSON       1.00       x       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00												_
BOARD MEMBER  DATE: BOARD MEMBER  C131 UNESH PAVAL. C1.00 X  C131 UNESH PAVAL. C31 UNESH PAVAL. C32 Total number of individual (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. C44 Tat Paval. C44 Tat Paval. C44 Tat Paval. C44 Tat Paval. C45 Total number of individual (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or individual loss endered by I for such individual C45 Did any person listed on line 1a receive or accrue complexation from any unrelated organization or individual loss endered by I for such individual C5 Did any person listed on line 1a receive or accrue complexation from any unrelated organization or individual loss envices C4 Tat Paval. C41 Camplete this table for your five highest compensation from any unrelated organization or individual loss envices C41 Complexes address C42 CASE SUPERVISION C42 CASE SUPERVISION C44 CASE C42 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. C42 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from C44 CASE SUPERVISION C44 CASE SUPERVISION C44 CA			X						0.		0.			0.
(23) UMESH PADVAL       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00												
BOARD MEMBER       x       0       0       0       0       0         (24) ARVIN TENEJA, M.D.       2.00       x       0       0       0       0       0         (25) ALIZA APPLE       1.00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			х						0.		0.			0.
(24) ARVIN TENEJA, M.D.       2.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00												
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(25) ALIZA APPLE       1.00       x       0.       0.       0.         BOARD MEMBER (AS OF 01/22)       x       0.       0.       0.       0.       0.         (26) DERRICK BOOKER       1.00       x       0.       0.       0.       0.       0.         (26) DERRICK BOOKER       0.0       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	,	2.00							0					0
BOARD MEMBER (AS OF 01/22)       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1 00	X						U.		0.			0.
(26) DERRICK BOOKER       1.00       x       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0,       0, <t< td=""><td></td><td>1.00</td><td>v</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td>0</td></t<>		1.00	v						0					0
BOARD MEMBER (AS OF 01/22) X 0 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		1 00	~						0.		••			0.
1b       Subtotal       657,560.       0.       81,027.         c       Total from continuation sheets to Part VII, Section A <ul> <li>657,560.</li> <li>0.</li> <li>81,027.</li> </ul> 2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual <ul> <li>4</li> <li>Yes</li> <li>No</li> <li>3</li> <li>X</li> </ul> 5         Did the organization greater than \$150,000? If "Yes," complete Schedule J for such individual <ul> <li>4</li> <li>X</li> <li>3</li> <li>4</li> <li>X</li> </ul> 5         Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person <ul> <li>4</li> <li>X</li> <li>5</li> <li>X</li> </ul> Section B. Independent Contractors <ul> <li>A</li> <li>A</li> <li>Complete this table for your five highest compensate independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax yea</li></ul>		1.00	v						0					0
1       Sector       1       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.								_					81	
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compensation from the organization       4         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         1041       CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100,547.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$       1         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,0										000 of roportable	••		<u> </u>	• 17 •
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Image: Schedule J for such individual         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       Image: Schedule J for such individual         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       Image: Mage: Ma			030	IISLE	uau	000	) •••••		eceived more than \$100,	ood of reportable				4
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensate independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation       100, 547.         10411 CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100, 547.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       1         3       0       0       5       X         4       X       X       X         4       X													Yes	No
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4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Complete Bistable for your five highest compensated independent contractors that received more than \$100,000 of compensation       100,547.         JAMES CHANG, MD       Description of services       Compensation       100,547.         1041 CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100,547.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)	<b>c ,</b>				•						- F	3		х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         JAMES CHANG, MD       100,547.       100,547.         1       Cotal number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 1       100,547.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)											F			
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Mame and business address       Description of services       Compensation         JAMES CHANG, MD       1041 CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100, 547.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form <b>990</b> (2021)											- [	4	х	
rendered to the organization? // "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       I       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         JAMES CHANG, MD       100,547.       100,547.         1041 CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100,547.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>&gt;</b> 1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form <b>990</b> (2021)											F			
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(A) Name and business address       (B) Description of services       (C) Compensation         UAMES CHANG, MD 1041 CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100,547.         Intersection       Intersection       100,547.         Intersection       Intersection       100,547.         Intersection       Intersection       100,547.         Intersection       Intersection       Intersection         Intersection       Intersection       Intersection       Intersection         Intersection       Intersection       Intersection       Intersection         Intersection       Intersection       Intersection       Intersection         Intersection       Intersection       Intersection       Intersection         Intersection       Intersection       Intersection       Intersection         Intersection       Intersection       Intersection       Intersection         Intersection       Intersection       Intersection       Intersection	1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsati	on fro	m	
Name and business address       Description of services       Compensation         JAMES CHANG, MD       1041 CATHCART WAY, STANFORD, CA 94305       100,547.         1041 CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100,547.         Image: state of the second state of the seco	the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wit	hin	the organization's tax y	ear.				
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1041 CATHCART WAY, STANFORD, CA 94305       MEDICAL CASE SUPERVISION       100,547.         Image: Constraint of the state o		address							Description of s	ervices	Co	omper	isatior	n
2       Total number of independent contractors (including but not limited to those listed above) who received more than         \$100,000 of compensation from the organization ▶ 1       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)	•													
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)	1041 CATHCART WAY, STANFORD, CA 94305	5							MEDICAL CASE SUPER	VISION			100,	547.
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)								_						
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)								_						
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)														
\$100,000 of compensation from the organization ▶       1         SEE PART VII, SECTION A CONTINUATION SHEETS       Form 990 (2021)	2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	to t	thos	e lis	ted	above) who received mo	ore than				
132008 12-09-21	SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								I	orm S	<b>990</b> (2	2021)
<u>^</u>	132008 12-09-21				_									

Form 990 RESURGE INTER	RNATIONAL							23-7297770				
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (		, ,			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average	(0)			ition		1. 4	Reportable	Reportable	Estimated		
	hours	(CI	neck T	aii : T	that	app I	iy)	compensation from	compensation from related	amount of other		
	per week					ee		the	organizations	compensation		
	(list any	ctor				yolqr		organization	(W-2/1099-MISC)	from the		
	hours for	r direc				ed en		(W-2/1099-MISC)	(	organization		
	related	tee o	ustee			en sat				and related		
	organizations	al trus	inal tr		lo yee	dwoo				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
	line)	hd		0ff	Ke	∃≣	For					
(27) THOMAS DAVENPORT	1.00											
BOARD MEMBER	1.00	х						0.	0.	0.		
(28) BECKY ANN HUGHES BOARD MEMBER (AS OF 10/21)	1.00	x						0.	0	0		
(29) LINDA SUNDE	1.00	^						<u>0.</u>	0.	0.		
BOARD MEMBER (AS OF 01/22)	1.00	x						0.	0.	0.		
(30) GREG CHIATE	1.00	~	-		-	-	-	0.	· · ·	υ.		
BOARD MEMBER (THRU 06/22)	1.00	х						0.	0.	0.		
		~	-		-	-	-	0.	σ.	υ.		
		1										
		1										
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		<b> </b>			L							
Total to Part VII, Section A, line 1c	<u></u>							1				

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		(2021) RESURGE INTERNATIONAL				23-729777	0 Page <b>9</b>
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response or n		n this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	t c e f f	Noncash contributions included in lines 1a-1f	857,207. 150,000. 5,075,808. 293,676. winess Code	6,083,015.			sections 512 - 514
Progra	ç	All other program service revenue					
	3 4 5	Investment income (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proce Royalties	eeds	126,815.			126,815.
	k c	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c	(ii) Personal				
Iue	7 a	I Net rental income or (loss)         Gross amount from sales of assets other than inventory         Less: cost or other basis and sales expenses <b>7b</b>	(ii) Other				
evenue		Gain or (loss)		17 400			17 400
Other Re	8 8	I Net gain or (loss)         Gross income from fundraising events (not including \$	<u>399,913.</u> 595,633.	-17,400.			-17,400.
	k		•	-195,720.			-195,720.
	9 a	Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses		,			
	0 10 a k	<ul> <li>Net income or (loss) from gaming activities</li> <li>Gross sales of inventory, less returns</li> <li>and allowances</li> <li>Less: cost of goods sold</li> </ul>	······ •				
		Net income or (loss) from sales of inventory	usiness Code				
Miscellaneous Revenue	11 a k	MISCELLANEOUS 9	900099	12,424.	12,424.		
Scell							
Σ	6	Total. Add lines 11a-11d	<b>&gt;</b>	12,424.			
	12	Total revenue. See instructions		6,009,134.	12,424.	0.	-86,305.
13200	9 12-0						Form <b>990</b> (2021)

2021.05080 RESURGE INTERNATIONAL

05027591

RESURGE INTERNATIONAL

23-7297770 Page 10

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 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 48,780 48,780. Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 435,814 27,265. 215,397 193,152. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 864,074. 574,969. 104,276. 184,829. 7 8 Pension plan accruals and contributions (include 2,943 section 401(k) and 403(b) employer contributions) 31,761 24,471. 4,347. 112,056 72,616, 12,636, 26,804. Other employee benefits 9 19,402 123,041 75,029 28,610. 10 Payroll taxes Fees for services (nonemployees): 11 Management а b Legal 74,626, 74,626 С Accounting d Lobbying 38,800, 38,800. Professional fundraising services. See Part IV, line 17 е Investment management fees 17,348. 17,348 f Other. (If line 11g amount exceeds 10% of line 25, g 870,099 760,128 41,951 68,020. column (A), amount, list line 11g expenses on Sch 0.) 52,052 16,164, 182 35,706. Advertising and promotion 12 145,004 38,516. 38,815 67,673. 13 Office expenses \_\_\_\_\_ 88,864 66,898. 12,244 9,722. Information technology 14 Royalties 15 172,730. 86,049 35,129 51,552. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 49,554 16,265, 4,953 28,336. 22 Depreciation, depletion, and amortization ..... 11,386 20,604 7,466. 1,752. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) VOLUNTEER & RECRUITMENT 281,274, 207,095, 50,619 23,560. а 258,944 27,898 EVENTS 231,046. b MISCELLANEOUS 55,104. 12,632, 34,656. 7,816. С DONATED MED. SUPPLIES 20,700. 20,700. d 13,968 13,968 All other expenses е 3,775,197 690,531 1,001,725. Total functional expenses. Add lines 1 through 24e 2,082,941 25 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)

132010 12-09-21

#### 15050510 701245 0502759.01

2021.05080 RESURGE INTERNATIONAL

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Form 990 (2021)

RESURGE INTERNATIONAL

		Check if Schedule O contains a response or	note to a	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,817,046.	1	3,066,092
	2	Savings and temporary cash investments			25,037.	2	116,848
	3	Pledges and grants receivable, net			317,185.	3	606,642
	4	Accounts receivable, net			36,764.	4	12,183
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	Ibstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	ons		5	
	6	Loans and other receivables from other disqu	ualified p	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ν υ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			142,159.	8	66,99
¥   1	9	Description of the second seco			36,521.	9	22,618
1	0a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	10a	840,212.			
	b	Less: accumulated depreciation			46,324.	10c	110,086
1	1	Investments - publicly traded securities			1,984,085.	11	2,339,073
1	2	Investments - other securities. See Part IV, lin			300,243.	12	261,070
1	3	Investments - program-related. See Part IV, li				13	
1	4	Intangible assets			153,478.	14	156,95
1	5	Other assets. See Part IV, line 11			240.	15	50,24
1	6	Total assets. Add lines 1 through 15 (must e			4,859,082.	16	6,808,79
1	7	Accounts payable and accrued expenses			251,936.	17	567,65
1	8	Grants payable				18	
1	9	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple				21	
ທ 2	2	Loans and other payables to any current or f					
		trustee, key employee, creator or founder, su	Ibstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		22	
<u>2</u>   ت	3	Secured mortgages and notes payable to un	related th	ird parties		23	
2	.4	Unsecured notes and loans payable to unrela	ated third	parties		24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			150,000.	25	40,029
2	26	Total liabilities. Add lines 17 through 25			401,936.	26	607,67
		Organizations that follow FASB ASC 958,					
Sec		and complete lines 27, 28, 32, and 33.					
<b>E</b> 2	27	Net assets without donor restrictions			1,354,726.	27	1,405,665
2 2	8	Net assets with donor restrictions		[	3,102,420.	28	4,795,453
		Organizations that do not follow FASB AS					
2		and complete lines 29 through 33.					
b 2	9	Capital stock or trust principal, or current fur	ids			29	
19   3	0	Paid-in or capital surplus, or land, building, o				30	
Š 3	1	Retained earnings, endowment, accumulated				31	
Net Assets of Fund Balances C C C C C C C C	2	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	4,457,146.	32	6,201,118
	3	Total liabilities and net assets/fund balances			4,859,082.	33	6,808,797

Form 990 (2021)

132011 12-09-21

Form	990 (2021) RESURGE INTERNATIONAL	23-729777	D	Pad	<sub>ge</sub> 12
	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	6,	009,	134.
2	Total expenses (must equal Part IX, column (A), line 25)	2	З,	775,	197.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	233,	937.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	457,	146.
5	Net unrealized gains (losses) on investments	5	-	489,	965.
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	6,	201,	118.
Pa	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			-	000	(0004)

Form **990** (2021)

132012 12-09-21

(Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047
2021

	t of the Treasury venue Service							Open to Public Inspection		
Name o	f the organizati	on						Employer	identification numbe	
			E INTERNATIONA							
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	S.		
The orga	anization is not a	a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1	A church, co	nvention of ch	urches, or association	on of churches described	l in <b>sectio</b>	n 170(b)( <sup>-</sup>	1)(A)(i).			
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	า 990).)					
3	A hospital or	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4	A medical res	search organiz	ation operated in co	onjunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,	
	city, and stat	e:								
5	] An organizati	on operated fo	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in	
	section 170	(b)(1)(A)(iv).(	Complete Part II.)							
6	A federal, sta	te, or local go	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	An organizati	on that norma	ally receives a substa	antial part of its support fi	rom a gove	ernmental	unit or from th	e general p	public described in	
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8	A community	trust describe	ed in section 170(b)	)(1)(A)(vi). (Complete Par	t II.)					
9	An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
	or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or	
	university:									
10	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membershi	p fees, and	d gross receipts from	
				ct to certain exceptions; a					-	
				e (less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
	7		mplete Part III.)							
11		-	-	sively to test for public sa	•					
12	-	-	-	sively for the benefit of, to	-			•		
			-	ed in section 509(a)(1) o					Check the box on	
Г		-	• •	of supporting organization				-		
a			-	supervised, or controlled	• • •	-				
		-		egularly appoint or elect a	majority c	of the direc	ctors or trustee	s of the su	ipporting	
ь Г			complete Part IV, S					- (-)	·	
b L			-	d or controlled in connect			•		-	
		-		anization vested in the sa	ame perso	ns that co	ntrol or manag	le the supp	ortea	
- Г			st complete Part IV,					:	al itala	
cL		-		ng organization operated				y integrate	a with,	
a [		0		s). You must complete I			-	tad araanii	ration(a)	
d L		-		porting organization oper				-		
		•	0 0	zation generally must sat mplete Part IV, Sections	•		•	anallenin	eness	
e		,	,	written determination fro						
e		•		onally integrated supporti			турет, турет	i, iype iii		
f Fr	iter the number									
		• •	n about the support	ed organization(s)						
	(i) Name of supp	0	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other	
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions	
				1						

Part II

RESURGE INTERNATIONAL

23-7297770

Page 2

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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 **(a)** 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 6,083,015. 3,152,605. 5,067,852. 4,008,294 2,565,701. 20,877,467. 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 3,152,605, 5,067,852, 4,008,294 2,565,701. 6,083,015, 20,877,467. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 2,903,408. 17,974,059. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total 20,877,467. 7 Amounts from line 4 3,152,605. 5,067,852. 4,008,294. 2,565,701. 6,083,015, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 39,675 64,757. 47,702. 126,815. 19,840 298,789. 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.) 219,421. 235,698 163,482 11,981. 412,337 1,042,919. 22,219,175. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 80.89 14 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2020 Schedule A, Part II, line 14 77 95 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
•	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						
78	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
_	check this box and stop here						▶∟
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I		•	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves		•				
17 18	Investment income percentage for <b>20</b> Investment income percentage from		'	ine 13, column (f))		17 18	<u>%</u>
19a	33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the	-	-				
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22						ule A (Form 990) 2021
			17	1			

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

#### 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

18

132024 01-04-21

	Supporting Organizations         Continued	23-7297770	F	age
ai	Supporting Organizations (continued)			
			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ect	tion B. Type I Supporting Organizations			
			Yes	N
I	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ect	tion C. Type II Supporting Organizations			
			Yes	N
	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		
c	tion D. All Type III Supporting Organizations			
			Yes	N
	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		
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's			
		3		
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L

#### 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	the vear (se	e instructions).
------------------------------------------------------------------------------------------------------------	--------------	------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>	
---	--	---------------------------------------------------	------------------------------------------------------------------------------------------------	--

- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

За

15050510 701245 0502759.01

19 2021.05080 RESURGE INTERNATIONAL Yes No

Sche	dule A (Form 990) 2021 RESURGE INTERNATIONAL			23-7297770 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sche	dule A (Form 990) 2021 RESURGE INTERNATION			23-7297770	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)		
Secti	on D - Distributions			Current Y	/ear
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	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 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributa Amount for	
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

RESURGE INTERNATIONAL

Schedule A (Form 990) 2021

23-7297770

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Schedule A	(Form 990) 2021	RESURGE	INTERNATIONAL			23-7297770	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and	Provide the explanations rea 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 3; Part IV, Section E, lines 1 V, Section E, lines 2, 5, and	a, 11b, and 11c; Part IV, Se 1c, 2a, 2b, 3a, and 3b; Part	ection B, lines 1 an V, line 1; Part V, S	d 2; Part IV, Sectior ection B, line 1e; Pa	٦C,
132028 01-04-2	2			<u></u>		Schedule A (Form	990) 202 <sup>.</sup>
			2	4			

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

le of the organization

Organization type (check one):

### Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

## 2021

Employer identification number

2	3	_	7	2	9	7	7	7	0	
_	_			_	-				-	

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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), 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  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page <b>2</b>
Name of or	rganization		Employer identification number
RESURGE	INTERNATIONAL		23-7297770
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		\$250,0	00.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$272,4	32.     Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$481,1	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,309,5	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution
5		\$150,0	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

15050510 701245 0502759.01

Schedule B (Form 990) (2021)	Page <b>3</b>
Name of organization	Employer identification number
RESURGE INTERNATIONAL	23-7297770

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I IN KIND DONATIONS FOR SWAG BAGS - FALL AND GALA EVENTS 3 06/30/22 179,072. \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 123453 11-11-21

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Schedule B (Form 990) (2021)

2021.05080 RESURGE INTERNATIONAL

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Schedule B (Fohn 330) (2021)	dule B (Form 990) (2021)	ł
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lame of or	ganization		Employer identification number			
ESURGE	INTERNATIONAL		23-7297770			
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. once.) ► \$			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ		(e) Transfer of git				
-	Transferee's name, address, a	Ind 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	(b) Fulpose of gift	(c) Use of girt				
—						
		it				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
ŀ	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ		(e) Transfer of git	it			
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
454 11-11-	-21	0.7	Schedule B (Form 990) (20			

15050510 701245 0502759.01

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 121 Open to Public Inspection

Complete lines 2a through 2d if the organization answered "Yes" on Form 990, Part IV, line 6.     (a) Donor advised funds     (b) F     (a) Donor advised funds     (b) F     (a) Donor advised funds     (b) F     (c) Donor advised funds     (c) Donor	mployer identification numbe 23-7297770
organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year         2       Aggregate value of contributions to (during year)         3       Aggregate value of ortributions to (during year)         4       Aggregate value of ortributions to (during year)         5       Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?         Part II       Conservation Easements. Complete if the organization in swered "Yes" on Form 990, Part IV, line 1         Purpose(s) of conservation Easements. Held by the organization answered "Yes" on Form 990, Part IV, line 2         Preservation of land for public use (for example, recreation or education)       Preservation of a historica diverservation easements         2       Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation done assements       22         3       Number of conservation easements included in (c) acquired after 7/25/06, and not an historic structure included by the organization (see eased, extinguished, or terminated by the organization year)         2       Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization year)         3	
I Total number at end of year       (a) Donor advised funds       (b) F         2 Aggregate value of contributions to (during year)	
<ol> <li>Total number at end of year</li> <li>Aggregate value of contributions to (during year)</li> <li>Aggregate value of grants from (during year)</li> <li>Aggregate value of grants from (during year)</li> <li>Aggregate value of grants from (during year)</li> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of a historica</li> <li>Protection of natural habitat</li> <li>Preservation of a perspace</li> <li>Complete lines 2a through 2d the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a)</li> <li>Rumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization space inclusions, and enforcing conservation easements in cluded &gt;</li> <li>Number of states where property subject to conservation easement is located &gt;</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements in thods?</li> <li>Soes each conservation easements need the text of the forotope to the organization sing price in space incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements is located &gt;</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements is located &gt;</li> <li>Soes each conservation easements conservation easements in its r</li></ol>	unds and other accounts
<ul> <li>Aggregate value of contributions to (during year)</li> <li>Aggregate value of grants from (during year)</li> <li>Aggregate value of of year</li> <li>Did the organization inform all conors and donor advisors in writing that the assets held in donor advised funds are the organization inform all conors (donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Conservation Easements. Complete if the organization inswered "Yes" on Form 990, Part IV, line</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of a historica</li> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a consertary day of the tax year.</li> <li>Total acreage restricted by conservation easements</li> <li>Total acreage restricted by conservation easements</li> <li>Total acreage restricted by conservation easements</li> <li>Number of conservation easements included in (c) acquired after 7/25/06, and not on historic structure listed in the National Register</li> <li>Number of states where property subject to conservation easement is located </li> <li>Amount of expenses incurved in monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Amount of expenses incurved in monitoring, inspecting, handling of violations, and enforcing conservation easement had under FASB ASC 2688, or corport in its revenue statement that de organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements.</li> <li>Amount of expenses incurved in mo</li></ul>	
<ul> <li>Aggregate value of grants from (during year)</li> <li>Aggregate value at end of year</li> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser day of the tax year.</li> <li>Total acreage restricted by conservation easements</li> <li>Total acreage restricted by conservation easements</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization related by the organization easement is located ▶</li> <li>Sos the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement is holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(i)?</li> <li>In Part XIII, describe how the organization reports conservation easements.</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement shaldes the for opanization's financial statements that de organization is periodic monitoring. Inspection, handling of violations, and enforcing conservation easements.</li> <li>Complete</li></ul>	
<ul> <li>Aggregate value at end of year</li></ul>	
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line in Preservation of land for public use (for example, recreation or education) Preservation of a historica Protection of natural habitat Preservation of open space</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser day of the tax year.</li> <li>a Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization year ≥ 10 bos the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement is located ≥</li> <li>4 Number of states where property subject to conservation easement is located ≥</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement is tholds?</li> <li>6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement is holds?</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0)?</li> <li>9 In Part XIII decribe how the organization reports conservation easements in its revenue and expense statement balance of eart, historical treasures, or other similar assets held for public exhibition, education, or resea</li></ul>	
<ul> <li>are the organization's property, subject to the organization's exclusive legal control?</li> <li>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 1</li> <li>Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of open space</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservady of the tax year.</li> <li>a Total number of conservation easements</li> <li>2 Total acreage restricted by conservation easements</li> <li>C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization year local and volunteer hours devoted to monitoring, inspection, handling of violations, and enforcing conservation easements it holds?</li> <li>S taff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII describe how the organization reports conservation easements in its revenue and expense statement balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de organization's financial statements that de organization's financial statement with a sasets held for public exh</li></ul>	
<ul> <li>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Preservation of land for public use (for example, recreation or education) Preservation of a historica 2 Protection of natural habitat 2 Preservation of onen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservaday of the tax year. 3 Total number of conservation easements 3 Total acreage restricted by conservation easements 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement 5 S</li></ul>	Yes
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line  Preservation of land for public use (for example, recreation or education)  Preservation of a historica Protection of natural habitat Preservation of land for public use (for example, recreation or education) Preservation of a historica Preservation of and for public use (for example, recreation or education) Preservation of a historica Preservation of one space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser day of the tax year. Total anreage restricted by conservation easements Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Total acreage are avritten policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement is located Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization to satiff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement S Total acreage restricted in monitoring, inspecting, handling of violations, and enforcing conservation easements Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Forganization sacounting for conservation easements. For IIII Organization Smaintaining Collections of Art, Historical Treasures, or Other Simil Complete if the organization nawered "Yes" on Form 990, Part IV, line 8. For IIII Forganization elected, as permitted under FASB ASC	
Impermissible private benefit?         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of land for public use (for example, recreation or education)       Preservation of a historica         2       Protection of natural habitat       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of conservation easements       2a         a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements       2a         c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2a         3       Number of states where property subject to conservation easement is located ▶       2a         4       Number of states where property subject to conservation easements is located ▶       2a         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement       \$\$         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement       \$\$         8       Does each conservation easement	
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Purpose(s) of conservation easements held by the organization (check all that apply).         □       Preservation of land for public use (for example, recreation or education)       □       Preservation of a historica         □       Protection of natural habitat       □       Preservation of a certified         □       Preservation of open space       2         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservatioy of the tax year.       2         a       Total acreage restricted by conservation easements       2         b       Total acreage restricted by conservation easements       2         c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2         3       Number of states where property subject to conservation easement is located ▶	
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<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement is balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Simi Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art.</li> </ul>	
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<ul> <li>organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Simi Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition.</li> </ul>	and
<ul> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Simi Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition.</li> </ul>	scribes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
<ul> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of part of the organization elected.</li> </ul>	ar Assets.
<ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of part.</li> </ul>	
<ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition.</li> </ul>	sheet works
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	of public
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
	et works of
provide the following amounts relating to these items:	oublic service,
(i) Revenue included on Form 990, Part VIII, line 1	• \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	de
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 202
132051 10-28-21 <b>28</b>	

2021.05080	RESURGE	INTERNATIONAL
2021.05080	RESURGE	INTERNATIONAL

f       Administrative expenses       1,603,748.       1,436,645.       1,184,985.       1,182,703.       1,151,667.         g       End of year balance       .0000       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %<	Sche	dule D (Form 990) 2021 RESURGE INT						23-729		P	age <b>2</b>
collection terms (check all that apply):       d       Loan or exchange program         b       Scholarly research       e       Other         c       Prevelate exhibition       d       Loan or exchange program         c       Prevelate exhibition       d       Difference         c       Prevelate exhibition       d       Difference         c       Prevelate exhibition       d       Difference         c       Prevelate exhibition       d       Difference       No         Part V       Escrow and CutStocial Arrangements. Complete if the organization scelection?       Yes       No         Part XP       Escrow and CutStocial anomation form 990, Part X, line 21.       Yes       No         b       If Yes, explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       Intermediation       Intermediation       1       1         Both to organization include an amount on Form 990, Part X, line 21, for escrow or cutstodial account liability?       Yes       No         b       If Yes, explain the arrangement in Part XIII. Check here if the explanation instable on provided on Part XIII.       No         b       Dift the organization include an amount on Form 990, Part X, line 10.       Interest back (o) form years back (d) Three ye	Par	t III Organizations Maintaining C	ollections of Art	t, Historical T	reasures, or	Other	Similar	Assets	(contin	nued)	
a Public exhibition d l	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	e following that	make sig	nificant u	se of its			
b       Scholarly research       e       Other         c       Presentation for future generations       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization solicit or receive domatons of art, historical treasures, or other similar assets       to be solid to raise funds rainfands as part of the organization's collection?       Yes       No         Part I       Escrow and Custodial Arrangements. Complete if the organization's collection?       Yes       No         Part I       Escrow and Custodial Arrangements. Complete the following table:       Amount       1e         c       Beginning balance       Amount       1e       1e         d       Additions during the year       1e       1e       1e       1e         d       Distructions during the year       1e       1e       1e       1e       1e         d       Distructions during the year       1e		collection items (check all that apply):									
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII.         5       During the year, did the organization is collections and explain how they turber the organization's exempt purpose in Part XIII.         7       No         Part IV       Excrement 42 Constraints         7       reported an amount on Form 1900, Part X, line 21.         7       1         7       Is the organization and the transforments. Complete if the organization answered "Yes" on Form 1900, Part X, line 21.         7       1         7       Is the organization and the transforment in Part XIII and complete the following table:         6       Beginning balance         1       1         7       1         2       Did the organization include an amount on Form 1900, Part X, line 21, for escrow or custodial account liabitry         2       Did the organization include an amount on Form 1900, Part X, line 21, for escrow or custodial account liabitry         2       2         2       Did the organization include an amount on Form 1900, Part X, line 21, for escrow or custodial account liabitry         2       2         3       Did the organization include an amount on Form 1900, Part X, line 21, for escrow anor custodial account liabitry	а	Public exhibition	d	Loan or e	kchange progra	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrew 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.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Id diadditions during the year     Id diaddition form 900, Part X1.     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 900, Part X1.     In D     If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds.     Outper organization answered 'Yes' in Form 900, Part X1.     In Part V Inter 10.     In the set organization answered 'Yes' in Form 900, Part X1.     In Part V Inter 10.     In the organization answered 'Yes' in Form 900, Part X1.     In Part V Inter 10.     In the explanation in Part XIII.     Check beat differed as the organization answered 'Yes' in Form 900, Part X1.     In Part V Inter 10.     In the organization answered 'Yes' in Form 900, Part X.     In Part V II.     In the organizatio	b	Scholarly research	е	Other							
5       During the year, did the organization accollection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       Yes       No         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       16       14       16       14       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       17       17       18       16       17       17       18       16       16       16       16	с	Preservation for future generations									
5       During the year, did the organization accollection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       Yes       No         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       16       14       16       14       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       17       17       18       16       17       17       18       16       16       16       16	4	Provide a description of the organization's co	llections and explain	how they further	the organization	n's exem	pt purpos	e in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "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 // Intermediary for contributions or other assets not included on Form 980, Part X // Intermediary for contributions or other assets not included on Form 980, Part X // Intermediary for contributions or other intermediary for contributions or other assets not included on Form 980, Part X // Intermediary for control to the following table:       Image: Amount includes a mount on Form 980, Part X, line 21, for escrow or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrew or custodial account liability?       Image: Amount intermediary for escrewor custodiary foreescust	5										
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?       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       10       110         c Beginning balance       10       110       110       110         2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or outstodial account liability?       Ves       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Part V       Image: Part V         Part V       Endowment Funds. Complete if the organization answeed' Yes' on Form 990. Part X, line 10.       Image: Part V       Image: Part V         1a Beginning of year balance       1, 435, 645, 1, 184, 954, 1, 124, 2703, 1, 151, 667, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 576, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 145, 567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 114, 571, 1, 1567, 1, 1567, 1,		to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's o	collection?				Yes		No
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         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?         Part V       Endowment Funds. Completer the organization naswerd 'Yes' on Form 900, Part X, line 10.         Part V       Endowment Funds. Completer the organization naswerd 'Yes' on Form 900, Part X, line 21, does naswerd 'Yes' on Form 900, Part X, line 10.         l deginning of year balance       1, 435, 645, 1, 184, 285, 1, 182, 703, 1, 151, 667, 1, 114, 576, 504, 1, 4554, 1, 427, 731, 1, 510, 667, 1, 114, 576, 504, 14, 594, 1, 747, 2, 2, 750, 3, 100, 0, Net investment earnings, gains, and losses         c Other expenditures for facilities       59, 919, 60, 421, 59, 860, 57, 793, 80, 030, 1, 421, 645, 1, 124, 985, 1, 182, 703, 1, 151, 667, 203, 114, 021, 421, 645, 1, 143, 645, 1, 143, 645, 1, 143, 985, 1, 182, 703, 1, 151, 667, 203, 114, 021, 421, 645, 1, 164, 985, 1, 182, 703, 1, 151, 667, 203, 1, 151, 667, 203, 1, 151, 667, 203, 1, 151, 667, 203, 1, 151, 667, 203, 203, 203, 203, 203, 203, 203, 203	Par					Yes" on I	Form 990,	Part IV, I	ine 9, or		
on Form 990, Part X7		reported an amount on Form 990, Pa	t X, line 21.	-							
b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       It         d       Additions during the year       It         e       Distributions during the year       It         a       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 980, Part IV, line 10.         fa       Beginning of year balance       (a) Current year       (b) Pror year       (c) Tow years back (d) Three years back (d) Three years back (d) rate years back in the organization answered "Yes" on Form 980, Part IV, line 10.         fa       Beginning of year balance       (a) 4,554,645,1,144,955,1,182,703,1,151,667,1,114,975,65,240,244,955,1,142,953,1,142,975,1,142,973,1,114,975,240,27,93,1,144,921,24,243,27,144,921,24,921,24,24,24,24,24,24,24,24,24,24,24,24,24,	1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributio	ons or other ass	ets not in	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:      Amount		on Form 990, Part X?							Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Distributions during the year       If         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization nawsered 'Yes' on Form 990, Part XIII.       (e) Four years back (e) Four years back (o) Three years back (e) Four years back (c) Three years back (e) Four years back (c) four y	b										
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a 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 explanation answered "Yes" on Form 990, Part V, line 10.         Part V       Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part V, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back       (e) Four years back       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back <td></td> <td></td> <td>·</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>Amoun</td> <td>t</td> <td></td>			·	0					Amoun	t	
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back (e) Four year four yea	с	Beginning balance					1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       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       Image: State											
f       Ending balance       If         2a       Did the organization include an anount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If Yes* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State Sta											
2a       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       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         14       Beginning of year balance       1,436,645.       1,184,985.       1,182,703.       1,151,667.       1,114,576.         15       Contributions       504,540.       4,5594.       747.       2,750.       3,100.         c       Not expenditures for facilities       and programs       59,919.       60,421.       59,860.       57,793.       80,030.         1       Administrative expenses       1,603,748.       1,436,645.       1,184,985.       1,182,703.       1,151,667.         2       Provide the estimated percentage of the current year of balance	f						1f				
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.         1a       Beginning of year balance          (a) Current year (b) Proor years (c) Two years back (c) (f) Three years back (a) Current year (b) Proor years (c) Two years back (c) Two years back (c) Two years back (d) Four years back (e) Four years back (d) Four years back (e) Four years back (e) Four years back (d) Four years back (e) Four years back (f) Other expenditures for facilities and programs (f) A station showerent b (f) Other expenditures for facilities and programs (f) Permanent endowment b (f) Other expenditures for facilities and programs (f) Permanent endowment b (f) Permanent endowment b (f) Permanent endowment funds not in the possession of the organization that are held and administered for the organization by: (f) Unrelated organizations (f) Related organizations (f) Related organizations (f) Related organizations (f) Related organizations e	2a						.v?		Yes		No
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           1a         Beginning of year balance         1, 435, 645, 1, 184, 793, 1, 151, 667, 1, 114, 576, 54, 540, 4, 594, 747, 2, 750, 3, 100, -277, 518, 307, 487, 61, 395, 86, 079, 114, 021, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 60, 421, 59, 860, 57, 793, 80, 030, 748, 1, 436, 645, 1, 184, 985, 1, 182, 703, 1, 151, 667, 740, 986, 747, 74, 74, 74, 74, 74, 74, 74, 74, 7		-									
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         1,436,645.         1,184,985.         1,182,703.         1,151,667.         1,114,576.           b         Contributions         504,540.         4,594.         747.         2,750.         3,100.           c         Net investment earnings, gains, and losses         -277,518.         307,487.         61,395.         86,079.         114,021.           d         Grants or scholarships         -277,518.         307,487.         61,395.         80,030.           f         Administrative expension         -277,518.         307,487.         61,395.         1,82,703.         1,151,667.           g         End of year balance         -277,518.         307,487.         1,436,645.         1,184,985.         1,182,703.         1,515,667.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         Board designated or quasiendowment ▶         _0000							0.				
b       Contributions       504,540.       4,594.       747.       2,750.       3,100.         c       Net investment earnings, gains, and losses       -277,518.       307,487.       61,395.       86,079.       114,021.         d       Grants or scholarships       -277,518.       307,487.       61,395.       86,079.       114,021.         e       Other expenditures for facilities and programs       59,919.       60,421.       59,860.       57,793.       80,030.         f       Administrative expendes       1,603,748.       1,436,645.       1,184,985.       1,182,703.       1,151,667.         g       End of year balance       .0000       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %								ears back	(e) Fou	r years	back
b       Contributions       504,540.       4,594.       747.       2,750.       3,100.         c       Net investment earnings, gains, and losses       -277,518.       307,487.       61,395.       86,079.       114,021.         d       Grants or scholarships       -277,518.       307,487.       61,395.       86,079.       114,021.         e       Other expenditures for facilities      277,518.       307,487.       61,395.       86,079.       114,021.         e       Other expenditures for facilities      277,518.       307,487.       61,395.       86,079.       114,021.         g       End of year balance	1a	Beginning of year balance	1,436,645.	1,184,985	1,182	,703.	1,15	51,667.	1	,114,	576.
c       Net investment earnings, gains, and losses       -277, 518.       307, 487.       61, 395.       86, 079.       114, 021.         d       Grants or scholarships			504,540.	4,594	•	747.		2,750.		З,	100.
d Grants or scholarships <ul> <li>Other expenditures for facilities</li> <li>and programs</li> <li>59,919.</li> <li>60,421.</li> <li>59,860.</li> <li>57,793.</li> <li>80,030.</li> </ul> g End of year balance <ul> <li>1,603,748.</li> <li>1,436,645.</li> <li>1,184,985.</li> <li>1,182,703.</li> <li>1,151,667.</li> </ul> 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: <ul> <li>a Board designated or quasi-endowment </li> <li>.0000</li> <li>%</li> <li>Term endowment </li> <li>.20,8000</li> <li>%</li> </ul> b Permanent endowment        .20,8000       %         c Term endowment        .20,8000               y:             .20,8000 <li>%               (i) Unrelated organizations            </li>	с		-277,518.	307,487	. 61	,395.	٤	36,079.		114,	021.
e Other expenditures for facilities and programs       59,919.       60,421.       59,860.       57,793.       80,030.         f Administrative expenses       1,603,748.       1,436,645.       1,184,985.       1,182,703.       1,151,667.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       .0000 %         b Permanent endowment ▶	d										
and programs       59,919.       60,421.       59,860.       57,793.       80,030.         f Administrative expenses       1,603,748.       1,436,645.       1,184,985.       1,182,703.       1,151,667.         g End of year balance		-									
f       Administrative expenses			59,919.	60,421	. 59	,860.	5	57,793.		80,	030.
g End of year balance       1,603,748.       1,436,645.       1,184,985.       1,182,703.       1,151,667.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       .0000 %         b Permanent endowment ▶       .79.2000 %       .0000 %         c Term endowment ▶       .20.8000 %         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)       Inrelated organizations         (ii) Related organizations	f										
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment ▶			1,603,748.	1,436,645	1,184	,985.	1,18	32,703.	1	,151,	667.
a Board designated or quasi-endowment ▶       .0000 %         b Permanent endowment ▶       .79.2000 %         c Term endowment ▶       .20.8000 %         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		,		· · · · · · · · · · · · · · · · · · ·			· · ·				
b       Permanent endowment ▶       79.200       %         c       Term endowment ▶       20.8000       %         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       Yes       No         (ii)       Unrelated organizations       3a(i)       x       3a(ii)       x         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3c       3b       3c	_ a		•								
c       Term endowment ▶       20.8000 %         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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>1a Land bauildings         <ul> <li>c Leasehold improvements</li> <li>d Equipment</li> <li>750, 240.</li> <li>675, 940.</li> <li>74, 300.</li> <li>e Other</li> <li>(column (d) must equal Form 990, Part X, column (B), line 10c.)</li> <li>110, 086.</li> </ul> </li>	b	5	%	_/*							
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) res" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(d) Book value basis (investment)</li> <li>(e) Cost or other basis (other)</li> <li>(f) Book value basis (investment)</li> <li>(f) Buildings</li> <li>(f) Equipment</li> <li>(f) Cost or other basis (other)</li> <li>(f) Book value depreciation</li> <li>(f) Book value depreciation</li></ul>		Term endowment  20.8000									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) (Interplay the related organization's endowment funds.</li> </ul> <ul> <li>(iii) Cost or other</li> <li>(ivest or other</li> <li>(vest or other</li> <li>(ves</li></ul>	-										
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 XII 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. 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 b Buildings c Leasehold improvements d Equipment e Other Column (d) must equal Form 990, Part X, column (B), line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (iii) Related organizations (iii) Related organization (iii) Related	3a			tion that are held	and administere	ed for the	organiza	tion			
(i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         (ii)       Related organizations       3a(ii)       X         (ii)       Pert VI       Second organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Pert 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.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings			eeren er une ergannia				, ei guinzu		[	Yes	No
(ii) Related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c		-							3a(i)		х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?											Х
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       (d) Book value         c Leasehold improvements       750, 240.         d Equipment       89, 972.         54, 186.       35, 786.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       110,086.	b										
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.       (a) Cost or other         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         1a       Land	4										
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	Par										
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, li	ine 10.				
basis (investment)     basis (other)     depreciation       1a Land		Description of property	(a) Cost or of	ther (b) Co	st or other	(c) Ac	cumulate	d	(d) Boo	k valu	e
b Buildings				• •		• •		ŭ	(4) 200	it value	0
b Buildings	1a	Land			. /						
c       Leasehold improvements											
d Equipment         750,240.         675,940.         74,300.           e Other         89,972.         54,186.         35,786.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)         110,086.											
e Other       89,972.       54,186.       35,786.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)       110,086.					750,240.		675.9	940.		74	300.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)					· · · · ·		,			,	
			•	X column (P) line	,		- / -				
			<u>quari onni 330, Fall /</u>		100.)			Schedule	D (Form	-	

Schedule D (Form 990) 2021 RESURGE INTERNATION	NΑ	Ί
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23-7297770 Page **3** 

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11b See Form 990 Part X line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	al derivatives			
	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
(H) Total. (Col. Part VII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.	on Form 000, Dort IV, line	11a Saa Farm 000 Part V lina 12	
	Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(a) Description of investment	(b) DOOK Value		d-or-year market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(1) D 1 1
	(a) I	Description		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2) DE	FERRED RENT			40,029.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	ump (b) must squal Form 000 Dot V and (D) //	25 \		40,029.
	umn (b) must equal Form 990, Part X, col. (B) line y for uncertain tax positions. In Part XIII, provide			,

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) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 RESURGE INTERNATIONAL			23-7297770	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,387,292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-489,965.		
b	Donated services and use of facilities	2b	1,885,471.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,395,506.
3	Subtract line 2e from line 1			3	5,991,786.
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	17,348.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	17,348.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,009,134.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	5,643,320.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,885,471.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	1,885,471.
3	Subtract line 2e from line 1			3	3,757,849.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,348.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	17,348.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,775,197.
	t XIII Supplemental Information.			•	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,	art IV, lines 1b a	and 2b: Part V. line 4	: Part X, line 2:	Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			,,	,
PART	V, LINE 4:				
THE	PURPOSES OF THE RESURGE INTERNATIONAL ENDOWMENT FUND ARE TO	PROVIDE:			
1. A	VEHICLE FOR THE RECEIPT AND MANAGEMENT OF FUTURE ENDOWMENT				
CONI	RIBUTIONS BY DONORS; AND				

2. OPERATING FUNDS FROM EARNINGS CONSISTENT WITH THE INSTRUCTIONS OF

DONORS.

PART X, LINE 2:

RESURGE INTERNATIONAL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER

SECTION 23701(D) OF THE CALIFORNIA REVENUE TAXATION CODE. ACCORDINGLY, NO

PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS.

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Schedule D (Form 990) 2021

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Part XIII Supplemental Information (continued)

IN ADDITION, RESURGE INTERNATIONAL QUALIFIES FOR THE CHARITABLE

CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) OF THE INTERNAL REVENUE

CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE

CODE.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS

FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT

TO BE SUSTAINED UPON EXAMINATION.

Schedule D (Form 990) 2021

132055 10-28-21

132071 12-20		
15050510	701245	0502759.01

# Name of the organization 23-7297770 onducted in the regior (e) If activity listed in (d) employees, agents, and offices (by type) (such as, fundraising, prois a program service,

Pa	rt I Gener	al Information on A	ctivities Out	side the United States. Com	plete if the organization answered "Y	es" on
	Form 99	0, Part IV, line 14b.				
1	For grantmake	rs. Does the organizatior	n maintain record	is to substantiate the amount of its g	rants and other assistance,	
	the grantees' el	igibility for the grants or a	ssistance, and t	he selection criteria used to award th	e grants or assistance?	Yes
2	For grantmake	<b>rs.</b> Describe in Part V the	organization's p	procedures for monitoring the use of	its grants and other assistance outsi	de the
	United States.					
3	Activities per R	egion. (The following Part	I, line 3 table ca	n be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the regio	n (e) If activity listed in (d)	(f) Total

(2) 1091011	offices in the region	agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	expenditures for and investments in the region
SOUTH ASIA	2	2		SURGICAL OUTREACH PROGRAM (SOP): RECONSTRUCTIVE SURGEONS PERFORM SURGERIES ON	592,932.
	2	2		SURGICAL OUTREACH	552,552.
				PROGRAM (SOP):	
EAST ASIA AND THE				RECONSTRUCTIVE SURGEONS	
PACIFIC	1	1			27 107
PACIFIC	1	T		PERFORM SURGERIES ON	37,197.
				SURGICAL OUTREACH	
				PROGRAM (SOP):	
				RECONSTRUCTIVE SURGEONS	
SUB-SAHARAN AFRICA	0	0		PERFORM SURGERIES ON	161,164.
				SURGICAL OUTREACH	
				PROGRAM (SOP):	
				RECONSTRUCTIVE SURGEONS	
SOUTH AMERICA	0	0	PROGRAM SERVICES	PERFORM SURGERIES ON	38,609.
3 a Subtotal	3	3			829,902.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	3			829,902.
LHA For Paperwork Reduction			ions for Form 990. DESCRIPTIONS	Schedule F (	Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

No

05027591

Employer identification number

SCHEDULE	F
(Form 990)	

Department of the Treasury

Internal Revenue Service

Part I

RESURGE INTERNATIONAL

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	EDUCATIONAL					
		AFRICA	OPPORTUNITIES	34,537.	WIRE TRANSFER	0.		BOOK VALUE
		SUB-SAHARAN AFRICA	ELEARNING CENTER IN UGANDA	6 742	NTRE MRANGEER	0.		BOOK VALUE
		AFRICA	UGANDA	6,743.	WIRE TRANSFER	0.		BOOK VALUE
			I recognized as charities by the t			I		
exempt 501(c)(3) organ 3 Enter total number of 0			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2021

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(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	AFRICA	3	7,500.	WIRE TRANSFER		ONE YEAR FELLOWSHIP IN RECONSTRUCTIVE SURGERY	BOOK VALUE

Schedule F (Form 990) 2021

RESURGE INTERNATIONAL

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

23-7297770

Page 3

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	XNo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
GRANTS ARE USED FOR TRAINING PURPOSES. SMALL GRANTS FOR MONTH-LONG
EDUCATIONAL EXCHANGES AS WELL AS LONGER-TERM FELLOWHSIPS. REPORTS ARE
SUBMITTED UPON COMPLETION OF THE TRAINING TERMS.
PART I, LINE 3:
ALL PROGRAM SERVICES ARE REQUIRED TO PROVIDE RECEIPTS FOR EXPENSES. ONCE
THE EXPENSES ARE REVIEWED AND APPROVED, PAYMENTS ARE MADE VIA WIRE
TRANSFER, BANK DRAFT, OR BY CHECK.
PART I, LINE 3, COLUMN (E):
REGION: SOUTH ASIA
(E) SPECIFIC TYPES OF SERVICES IN REGION: SURGICAL OUTREACH PROGRAM
(SOP): RECONSTRUCTIVE SURGEONS PERFORM SURGERIES ON POOR PATIENTS THAT
ARE UPLOADED TO A DATABASE, REVIEWED BY A US BASED RECONSTRUCTIVE SURGEON
AND THEN FUNDS ARE SENT TO OFFSET THE COST OF THE SURGERY. ADDITIONALLY,
TRAINEES AND OTHER MEDICAL PERSONNEL IN ALL REGIONS PARTICIPATED IN
VIRTUAL TRAINING WORKSHOPS THAT INCLUDED SURGEONS, ANESTHESIOLOGISTS,
NURSES, PEDIATRICIANS, AND OCCUPATIONAL THERAPISTS.

REGION: EAST ASIA AND THE PACIFIC

Schedule F (Form 990) 2021 RESURGE INTERNATIONAL

(E) SPECIFIC TYPES OF SERVICES IN REGION: SURGICAL OUTREACH PROGRAM

(SOP): RECONSTRUCTIVE SURGEONS PERFORM SURGERIES ON POOR PATIENTS THAT

ARE UPLOADED TO A DATABASE, REVIEWED BY A US BASED RECONSTRUCTIVE SURGEON

AND THEN FUNDS ARE SENT TO OFFSET THE COST OF THE SURGERY. ADDITIONALLY,

TRAINEES AND OTHER MEDICAL PERSONNEL IN ALL REGIONS PARTICIPATED IN

VIRTUAL TRAINING WORKSHOPS THAT INCLUDED SURGEONS, ANESTHESIOLOGISTS,

132075 12-20-21

Schedule F (Form 990) 2021

23-7297770

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### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

NURSES, PEDIATRICIANS, AND OCCUPATIONAL THERAPISTS.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SURGICAL OUTREACH PROGRAM

(SOP): RECONSTRUCTIVE SURGEONS PERFORM SURGERIES ON POOR PATIENTS THAT

ARE UPLOADED TO A DATABASE, REVIEWED BY A US BASED RECONSTRUCTIVE SURGEON

AND THEN FUNDS ARE SENT TO OFFSET THE COST OF THE SURGERY. ADDITIONALLY,

TRAINEES AND OTHER MEDICAL PERSONNEL IN ALL REGIONS PARTICIPATED IN

VIRTUAL TRAINING WORKSHOPS THAT INCLUDED SURGEONS, ANESTHESIOLOGISTS,

NURSES, PEDIATRICIANS, AND OCCUPATIONAL THERAPISTS.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SURGICAL OUTREACH PROGRAM

(SOP): RECONSTRUCTIVE SURGEONS PERFORM SURGERIES ON POOR PATIENTS THAT

ARE UPLOADED TO A DATABASE, REVIEWED BY A US BASED RECONSTRUCTIVE SURGEON

AND THEN FUNDS ARE SENT TO OFFSET THE COST OF THE SURGERY. ADDITIONALLY,

TRAINEES AND OTHER MEDICAL PERSONNEL IN ALL REGIONS PARTICIPATED IN

VIRTUAL TRAINING WORKSHOPS THAT INCLUDED SURGEONS, ANESTHESIOLOGISTS,

NURSES, PEDIATRICIANS, AND OCCUPATIONAL THERAPISTS.

132075 12-20-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer ide	entification number
	RESURGE IN	TERNATIONAL					23-72977	70
	complete this par	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c Phone solicitat</li> <li>d X In-person social</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions I email solicitations itations olicitations on have a written o ted in Form 990, P 0 highest paid indiv	f X Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
STEVE ROSEN - 3955			Yes	No	100.000		22.222	
GRANDE, MORAGA, CA	94556	PROPOSAL WRITING		X	129,000.		38,800.	. 90,200.
Total					129,000.		38,800.	. 90,200.
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from re	egistration

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, NV, NH, NJ, NM, NY, NC, OH OR, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI, ND, MO

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

Schedule G (Form 990) 2021

132081 10-21-21

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
		GALA	HONORS		(add col. <b>(a)</b> through
a		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	Gross receipts	983,424.	273,696.		1,257,120
2	2 Less: Contributions	703,761.	153,446.		857,207.
3	Gross income (line 1 minus line 2)	279,663.	120,250.		399,913.
4	Cash prizes				
5	Noncash prizes	182,184.	53,301.		235,485
benses	Rent/facility costs	28,852.	12,250.		41,102
Direct Expenses	Food and beverages	79,254.	7,289.		86,543
ة	B Entertainment	6,529.			6,529.
9		215,282.	10,692.		225,974
1		n 9 in column (d)		▶	595,633
1	1 Net income summary. Subtract line 10 from I	ine 3, column (d)		►	-195,720

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect Ey	4	Rent/facility costs				
Ō	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а		the organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	lf "	Yes," explain:				

132082 10-21-21

Schedule G (Form 990) 2021

05027591

Sch	edule G (Form 990) 2021	RESURGE INTERNATION	NAL	23-72	297770	Page 3
	Is the organization a grantor, bene	eficiary or trustee of a trust,	embers? , or a member of a partnership or other entity formed		Yes	
					Yes	No No
	Indicate the percentage of gaming				13a	04
					13b	<u>         %</u> %
			organization's gaming/special events books and reco			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Name ►					
	Address 🕨					
15a	Does the organization have a con	tract with a third party from	n whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam of gaming revenue retained by the		e organization 🕨 \$ and the a	mount		
c	: If "Yes," enter name and address	of the third party:				
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	▶ \$				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
a	retain the state gaming license? Enter the amount of distributions	required under state law to	ble distributions from the gaming proceeds to be distributed to other exempt organizations or sper		Yes	No No
Pa	organization's own exempt activit rt IV Supplemental Infor		\$ Ianations required by Part I, line 2b, columns (iii) and (	w: and Pad	III lines Q	9h 10h
			ny additional information. See instructions.	v), and Fan	. 111, 111105 9	, 90, 100,
1320	83 10-21-21			Schedu	ile G (Forn	n 990) 2021
			41			

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RESURGE INTERNATIONAL

Part IV	Supplemental Information (continued)	
132084 11-18-	3-21	Schedule G (Form 990)

15050510 701245 0502759.01

42 2021.05080 RESURGE INTERNATIONAL 05027591

SCHE		Compensation Information	1	OMB No.	1545-004	47			
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2021				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2021					
Departme	nt of the Treasury	Open to Public							
Internal Re	evenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Name c	of the organizatior		Employer id		on nui	nber			
Devit		RESURGE INTERNATIONAL	23-73	297770					
Part		s Regarding Compensation							
4- 01		a a bar (a 1) (falla a constanting constanting a constanting falla a falla si a conference a constanting falla	000		Yes	No			
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
Pa	¬ ' '	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	i i i i i i i i i i i i i i i i i i i							
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as maid, chauffe							
			ur, criei)						
h lf	any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3 Inc	dicate which if an	y, of the following the organization used to establish the compensation of the organization's							
	-	ctor. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.							
X	- ·								
		ompensation consultant							
		ther organizations	committee						
		<b>3</b>							
<b>4</b> Du	uring the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
or	ganization or a rel	lated organization:							
<b>a</b> Re	eceive a severanc	e payment or change-of-control payment?		4a		x			
b Pa	articipate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
<b>c</b> Pa	articipate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
lf '	"Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
Or	nly section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
<b>5</b> Fo	or persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท						
	ntingent on the re								
						X			
		ation?		<b>5</b> b		X			
		r 5b, describe in Part III.							
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท						
	ntingent on the n	5							
						X			
		ation?		<u>6b</u>		X			
		r 6b, describe in Part III.							
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v			
		es 5 and 6? If "Yes," describe in Part III		7		X			
	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		-		v			
				8		X			
		d the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?			- 000	0001			
	or maper work Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	1 390	/ 202 1			

132111 11-02-21

23-7297770

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFERY WHISENANT	(i)	239,113.	0.	0.	9,565.	19,506.	268,184.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BEVERLY KENT	(i)	144,639.	0.	0.	5,786.	20,532.	170,957.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH GRANT	(i)	151,744.	0.	0.	4,800.	908.	157,452.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

Name of t	he organ	izatior
-----------	----------	---------

#### RESURGE INTERNATIONAL

Employer identification number

23-	729	7770
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Par	t I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or	<b>(c)</b> Noncash contribution amounts reported on	(d) Method of de noncash contribu		0	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion a	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		338.	FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	4	15,624.	FAIR MARKET VALU	3		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	Х	1	16,920.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( SPECIAL EVENT )	Х	42	235,084.	FMV			
26	Other  (INKIND SUPPLI)	Х	7	25,710.				
27	Other  ( )							
28	Other ► ( )							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	33, Part V, D	onee Acknowledg	ement			4	
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	>				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is cheo	cked,			
	describe in Part II.		-					

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 RESURGE INTERNATIONAL		23-7297770	Page <b>2</b>
Part II Supplemental Information. Provide the information is reporting in Part I, column (b), the number of contribution of the part for any additional information.	ation required by Part I, lines 30b, 32b,	and 33, and whether the organiz	zation
is reporting in Part I, column (b), the number of contribu	tions, the number of items received, or	a combination of both. Also cor	nplete
this part for any additional information.			
SCHEDULE M, PART I, COLUMN (B):			
THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS	, NOT THE NUMBER OF		
ITEMS CONTRIBUTED.			
		0.4.1.1.1.1.7	
132142 11-17-21		Schedule M (For	m 990) 202 <sup>.</sup>
	47		
			0 - 0 0 -
50510 701245 0502759.01	2021.05080 RESURGE 1	INTERNATIONAL	0502

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23-7297770

RESURGE INTERNATIONAL

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOWER-INCOME COUNTRIES TO PROVIDE LIFE-CHANGING CARE TO PATIENTS WITH

THE GREATEST NEED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR PROGRAMS PROVIDE LOCAL, YEAR-ROUND RECONSTRUCTIVE PLASTIC SURGICAL

CARE AND RELATED INTEGRATED CARE SUCH AS HAND AND SPEECH THERAPY.

RESURGE INTERNATIONAL PROGRAMS PRIMARILY BENEFIT PEOPLE WITH SEVERE

BURNS AND OTHER DISABLING INJURIES, CANCERS AND CONGENITAL ANOMALIES

SUCH AS CLEFT LIPS OR PALATES.

RESURGE'S CARE IMPROVES PATIENTS' APPEARANCE AND/OR ABILITY TO USE

THEIR LIMBS, ENABLING PEOPLE WHO HAVE SUFFERED ACCIDENTS, CANCER OR

CONGENITAL ISSUES TO GO TO SCHOOL, PROVIDE FOR THEIR FAMILIES, AND

PARTICIPATE MORE FULLY IN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ORGANIZATIONS THAT PROVIDES THE FULL SCOPE OF RECONSTRUCTIVE SURGICAL

CARE TO TREAT CONGENITAL ANOMALIES, TRAUMATIC INJURIES INCLUDING BURNS

AND ROAD TRAFFIC ACCIDENTS, AND MALIGNANT CONDITIONS LIKE CANCERS.

THESE CONDITIONS REPRESENT APPROXIMATELY 30 PERCENT OF THE GLOBAL

BURDEN OF DISEASE - THREE TIMES MORE THAN MALARIA, TUBERCULOSIS, AND

HIV/AIDS COMBINED.

FROM JULY 1, 2021 THROUGH JUNE 30, 2022, RESURGE IMPACTED 15,327

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2 Employer identification number
Name of the organization RESURGE INTERNATIONAL	23-7297770
PATIENTS THROUGH OUR TRAINING PROGRAMS AND 2,170 PATIENTS THROUGH	
DIRECT SURGICAL CARE. NINETY TWO PERCENT OF THESE SURGERIES WERE	
PERFORMED BY HOSTCOUNTRY SURGEONS, OR SURGICAL OUTREACH PARTNERS, MANY	
OF WHOM HAD PREVIOUSLY BENEFITED FROM RESURGE INTERNATIONAL'S HANDSON	
SURGICAL SKILLS TRAINING. THIS CYCLE OF TRAINING AND TREATMENT IS	
REPEATED WHEN THESE RESURGE SURGEONS TRAIN OTHERSRESULTING IN A	
MULTIPLIER EFFECT OF IMPACT. THIS MULTIGENERATIONAL APPROACH TRANSLATES	
INTO LONG-TERM SUSTAINABILITY AND ALLOWS THE ORGANIZATION TO TRANSFORM	
MORE LIVES, STRENGTHEN MORE ECONOMIES, AND ENSURE EQUITABLE ACCESS TO	
HEALTHCARE FOR ALL. BY IMPROVING PATIENTS' FUNCTION AND APPEARANCE, AND	
TRAINING MORE SURGEONS TO PROVIDE THIS TYPE OF CARE, THE ORGANIZATION'S	
WORK GIVES PATIENTS THE OPPORTUNITY TO LIVE INDEPENDENT AND FULFILLING	
LIVES, REDUCING SUFFERING AND POVERTY.	
RESURGE INTERNATIONAL WORKS IN 18 COUNTRIES ACROSS LATIN AMERICA,	
AFRICA, AND ASIA TO BUILD RECONSTRUCTIVE SURGICAL CAPACITY WHERE IT IS	
MOST NEEDED. THE ORGANIZATION TACKLES THE MOST PRESSING GAPS IN	
SURGICAL TRAINING THROUGH SPECIAL PROGRAMS SUCH AS THE RESURGE	
INTERNATIONAL PROGRAM IN AFRICA (RIPA), WHICH LAUNCHED IN FULL THIS	
YEAR, AND THE PIONEERING WOMEN RECONSTRUCTIVE SURGEONS (PWRS) PROGRAM.	
RESURGE INTERNATIONAL MAINTAINS NO POLITICAL OR	
RELIGIOUS AFFILIATIONS.	
THE ORGANIZATION'S PROGRAMS ARE PROVIDED LARGELY THROUGH OUR DEDICATED	
VOLUNTEER MEDICAL PROFESSIONALS, WHO, DURING THE YEAR ENDED JUNE 30,	
2022, DONATED 677 HOURS OF THEIR TIME.	
THE ORGANIZATION'S INTERNATIONAL PROGRAMS INCLUDE:	
THE ONORMEDITION & INTERNATIONAL PROGRAMS INCLUDE;	0

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Schedule O (Form 990) 2021

Name of the organization	Employer identification numbe
RESURGE INTERNATIONAL	23-7297770
TRAINING - RESURGE INTERNATIONAL BUILDS CAPACITY IN LOW-INCOME	
COUNTRIES BY TRAINING LOCAL RECONSTRUCTIVE SURGICAL TEAMS IN TECHNIQUES	
THAT WILL ALLOW THEM TO BETTER CARE FOR THEIR COMMUNITIES. THROUGH OUR	
VISITING EDUCATOR AND VIRTUAL TRAINING PROGRAMS, WE ARE TRAINING THE	
NEXT GENERATION IN RECONSTRUCTIVE SURGERY AND CREATING A MULTIPLIER	
EFFECT OF LONG-TERM IMPACT. DURING THE YEAR ENDED JUNE 30, 2022,	
RESURGE INTERNATIONAL TRAINED OVER 3,200 MEDICAL	
PROFESSIONALS THROUGH HANDS-ON LEARNING AND VIRTUAL INSTRUCTION.	
TREATMENT - RESURGE INTERNATIONAL PROVIDES DIRECT SURGICAL CARE FOR THE	
UNDERSERVED IN LOW AND MIDDLE INCOME COUNTRIES AT NO COST TO THE	
PATIENT. WE PROVIDE CARE THROUGH VISITING SURGICAL TRIPS AND WE FUND	
THE WORK OF RESURGE SURGICAL OUTREACH PARTNERS. THESE DEDICATED LOCAL	
RECONSTRUCTIVE SURGEONS HAVE ALL BEEN TRAINED AND QUALIFIED BY RESURGE,	
MAKING IT POSSIBLE FOR THEM TO ATTEND TO THOSE WHO WOULD OTHERWISE HAVE	
NO RECOURSE. DURING THE YEAR ENDED JUNE 30, 2022, RESURGE INTERNATIONAL	
SUPPORTED 17 PERMANENT LOCAL MEDICAL PARTNER PROGRAMS IN 9 COUNTRIES.	
PARTNERSHIP - RESURGE INTERNATIONAL PARTNERS WITH MANY TOP US ACADEMIC	
MEDICAL INSTITUTIONS, AS WELL AS WITH HOSPITALS AND COLLEGES AROUND THE	
WORLD, INCLUDING THE COLLEGE OF SURGEONS OF EAST, CENTRAL, AND SOUTHERN	
AFRICA (COSECSA) AND COLLEGE OF ANESTHESIOLOGY OF EAST, CENTRAL AND	
SOUTHERN AFRICA (CANECSA).	
ADVOCACY AND THOUGHT LEADERSHIP - RESURGE INTERNATIONAL ENGAGES WITH	
GOVERNMENTS AND MULTILATERAL ORGANIZATIONS TO PRIORITIZE SURGERY AS A	
COST-EFFECTIVE AND INDISPENSABLE COMPONENT OF HEALTH CARE, WORKING WITH	
INTERNATIONAL MEDICAL SOCIETIES, ACADEMIA, ADVOCACY GROUPS, AND OTHER	

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Schedule O (Form 990) 2021

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Name of the organization	Employer identification number
RESURGE INTERNATIONAL	23-7297770
SURGICAL NGOS.	
FORM 990, PART VI, SECTION A, LINE 4:	
DURING THE 2021 TAX YEAR, THE ORGANIZATION MADE CHANGES TO THE BYLAWS, TO	
INCLUDE REVISED POLICIES FOR THE FOLLOWING:	
-DIRECTORS POWERS	
-DIRECTORS DELEGATIONS	
-NUMBER OF DIRECTORS	
-TERM OF OFFICE OF DIRECTORS	
-EX-OFFICIO DIRECTORS	
-REMOVAL OF DIRECTORS	
-DIRECTORS LEAVE OF ABSENCE	
-THE APPOINTMENT OF ELECTED OFFICERS	
-TERM OF OFFICE OF OFFICERS	
THE ORGANIZATION ALSO REMOVED THE CONFLICT OF INTEREST AND ETHICS POLICY	
AND THE DIRECTOR GRIEVANCE POLICY FROM THE BYLAWS, WHICH ARE NOW SEPARATE	
DOCUMENTS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER MANAGEMENT'S REVIEW, BOARD MEMBERS ARE EMAILED THE 990 COPY FOR THEIR	
REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS AND ALL EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF	
INTEREST DISCLOSURE FORM ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	

LE NONPROFIT	23-7297770
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TS DECISION IN	
FORM 990:	
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655,934.	
161,227.	
870,099.	
	A,RI,SC,TN,UT ILABLE TO THE 598,901. 12,444. 44,589. 655,934. 161,227. 29,507. 23,431. 214,165.

(Form	990)

SCHEDULE R

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2021 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

RESURGE INTERNATIONAL

23-7297770

Employer identification number

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
RECONSTRUCTIVE SURGERY INDIA							
212 VARUNA, MYHOME NAVADWEEPA, HITEC CITY RO	PROVIDING RECONSTRUCTIVE				RESURGE		
HYDERABAD, INDIA 500083	SURGERY	INDIA			INTERNATIONAL	х	

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

Schedule R (Form 990) 2021

# Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,		1			·				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	partne	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
										$ \vdash $	
											_
	•										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
	]								
	1								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)	<u>1e</u>		X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)	<u>1i</u>		X
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		x
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		x
<b>q</b> Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	<u>1r</u>		x
s Other transfer of cash or property from related organization(s)	1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans	saction thresholds.		

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

### Schedule R (Form 990) 2021 RESURGE INTERNATIONAL

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partnei 501(o org: Yes	e) all 's sec. c)(3) s.? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or Pe jing er? 01	<b>(k)</b> ercentage wnership

Schedule R (Form 990) 2021

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.