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PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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

Form 990

** 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

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



AF	A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021								
B C	heck if oplicable:	C Name of organization		D Employer identified	cation number				
X	Address change	RESURGE INTERNATIONAL							
	Name change	Doing business as BURN RESCUE		23-7297770					
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final return/	756 N PASTORIA AVE.		(408)-737-87					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,618,620.				
	Amende return Applica	SUNNIVALE, CA 94005		H(a) Is this a group re					
	tion pending	F Name and address of principal officer: Officer: First 5. Witte Bakker		for subordinates					
<u> </u>		SAME AS C ABOVE		H(b) Are all subordinates in					
		mpt status: $X = 501(c)(3) = 501(c)() (insert no.) 4947(a)(1) c$ www.resurge.org	or 527	1 '	list. See instructions				
		organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption of formation: 1973	A State of legal domicile: CA				
					VI State of legal domicile. Cri				
		Briefly describe the organization's mission or most significant activities:	E INTERNA	TIONAL'S MISSION					
ce		S TO INSPIRE, TRAIN, FUND, AND SCALE RECONSTRUCTIVE SURGICAL							
Governance	2 0	Check this box Figure if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.				
ver		· 6		3	24				
õ	4 N	Jumber of independent voting members of the governing body (Part VI, line 1b)		23					
Activities &	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)	5	14					
vitie	6 T	otal number of volunteers (estimate if necessary)	6	71					
Acti	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b١	let unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	7b	0.				
				Prior Year	Current Year				
е		Contributions and grants (Part VIII, line 1h)		4,008,294.	2,569,912.				
Revenue		Program service revenue (Part VIII, line 2g)		- •	0. EC 011				
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		69,680. -110,494.	56,011. -15,727.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,967,480.	2,610,196. 59,581.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,213,058.	1,286,740.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		93,656.	32,373.				
pen		otal fundraising expenses (Part IX, column (D), line 25)			· · ·				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,958,518.	1,203,219.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,265,232.	2,581,913.				
		Revenue less expenses. Subtract line 18 from line 12		702,248.	28,283.				
: or ces			Be	ginning of Current Year	End of Year				
Assets (Balanc	20 T	otal assets (Part X, line 16)		4,562,102.	4,859,082.				
t As	21 T	otal liabilities (Part X, line 26)		402,301.	401,936.				
INe		let assets or fund balances. Subtract line 21 from line 20		4,159,801.	4,457,146.				
Ра	rt 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	Da	Date							
Here	JEFFERY S. WHISENANT, PRESIDENT &	CEO								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	MATTHEW PETROSKI	04/13/22	self-employed P00853132							
Preparer	Firm's name 🕒 ARMANINO LLP		Fi	rm'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	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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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? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х public office? If "Yes," complete Schedule C, Part I 3 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 Revenue Procedure 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 If "Yes," complete Schedule D, Part IV 9 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII х 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 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 (2020)

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Pa	t IV Checklist of Required Schedules (continued)			uge
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~		22		x
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
~ ~	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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
~				
d	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
	"Yes," complete Schedule L, Part IV			x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		л
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		Х
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 in Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
v	(gambling) winnings to prize winners?	1c	х	
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Form	<u>990 (2020)</u> RESURGE INTERNATIONAL 23-729777	0	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country 🕨 INDIA, NEPAL			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	4.		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2020)
			, 200	(2020)

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Form	990 (2020) RESURGE INTERNATIONAL		23-72977	70	Р	age 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	ough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sect	ion A. Governing Body and Management					
			-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х
	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or			
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
	ion B. Policies (This Section B requests information about policies not required by the Internal Rev					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	Х	
	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed E CA, AL, AR, FL, GA, HI, II	Ľ,KS,	KY,MD,MA,MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Y Upon request Other (explain	on Sc	hedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	d financ	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨			
	FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - (408)-737-8743					
	3180 NEWBERRY DRIVE, SAN JOSE, CA 95118					
032006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2020)
					<u> </u>	o o -
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Form 990 (2020)	RESURGE INTERNATIONAL	23-7297770	Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employ	yees, Highest Compensated	
Employe	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensate	d Employees	
1a Complete this table	e for all persons required to be listed. Report compensation for the	calendar year ending with or within the organization's	s tax year.
 List all of the org 	anization's current officers, directors, trustees (whether individuals	s or organizations), regardless of amount of compense	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per line and stretchrospection body Description body Reportable compension from organization (V2/1099-MISC) Estimated compension from organization (V2/1099-MISC) Estimated compension from organization (V2/1099-MISC) Estimated compension from organization (1) JEFFERY WISSENANT 40.00 x x 235,379 0. 26,996. (1) JEFFERY WISSENANT 40.00 x x 1134,120 0. 26,986. (2) JEFFERY WISSENANT 40.00 x x 1134,120 0. 26,986. (3) ANNE CAVANAUGH 40.00 x x 110,735. 0. 8,188. (4) MEREDITH TAYLOR 4.00 x x 0. 0. 0. (7) WENDELI ALDERSON, R.N. 1.00 x x 0. 0. 0. (3) DELALI ATTIFOE x x 0. 0. 0. 0. (17) WENDELI ALDERSON, R.N. 1.00 x x 0. 0. 0. 0. <	(A)	(B)	(C)		(D)	(E)	(F)				
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032007 12-23-20

Form 990 (2020)

Form 990 (2020) RESURGE INTER									23-729)777	0	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos beck			one	Reportable	Reportable		Es	timate	эd
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				is botł	n an	compensation	compensatior	ו ו	ar	nount	of
	week		cer ar I		Irecto	or/trus	tee)	from	from related			other	
	(list any hours for	recto						the	organizations			pensa	
	related	or di	ee			ated		organization	(W-2/1099-MIS	(ز		om th	
	organizations	ustee	trustee		96	upens		(W-2/1099-MISC)				anizat d relat	
	below	lual ti	tiona		yold r	st cor	-					anizati	
	line)	Individual trustee or director	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former				0.9		
(18) MATTHEW NAYTHONS, M.D.	1.00												
BOARD MEMBER		х						0.		٥.			٥.
(19) DAVID NORTON, M.D.	1.00												
BOARD MEMBER		Х						0.		٥.			٥.
(20) RICHARD REDETT, M.D.	1.00												
BOARD MEMBER		Х						0.		٥.			0.
(21) TOM SEERY	1.00												
BOARD MEMBER		Х						0.		0.			0.
(22) MAIYA SHAW	1.00												
BOARD MEMBER		Х				<u> </u>		0.		٥.			٥.
(23) EILEEN SHELDON	1.00												
BOARD MEMBER	1.00	х						0.		0.			0.
(24) CHRISTINA DICKERSON	1.00							0					0
BOARD MEMBER (AS OF 04/21) (25) UMESH PADVAL	2.00	Х				-		0.		0.			0.
BOARD MEMBER	2.00	x						0.		٥.			٥.
(26) ARVIN TENEJA, M.D.	1.00	^						0.		<u></u>			0.
BOARD MEMBER (AS OF 04/21)	1.00	x						0.		٥.			0.
46 0-64-4-1								480,234.		0.		61	214.
c Total from continuation sheets to Part VI								0.		0.		• • • •	0.
d Total (add lines 1b and 1c)								480,234.		0.		61	214.
2 Total number of individuals (including but n							o re	,	000 of reportable			,	
compensation from the organization						,		,					3
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual						-		-		3		х
4 For any individual listed on line 1a, is the su										··· [
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-	[4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ıch ı	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith c	or wi	thin T		ear.				
(A) Name and business	address	NO						(B) Description of s	envices	C))	;) nsatio	n
	auuress	NO	NE				_	Description of s			ompe	Isalio	
							_						
2 Total number of independent contractors (in	•	ot lin	nited	d to		se lis 0	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz						5							

032008 12-23-20

Part VIII Statement of Revenue (A) (B) (C) (C) </th <th></th> <th></th> <th></th> <th>2020) RESURGE INTERNATION</th> <th>JAL</th> <th></th> <th></th> <th>23-729777</th> <th>0 Page 9</th>				2020) RESURGE INTERNATION	JAL			23-729777	0 Page 9
Intervenue Intervenue Provide state dir exempt function revenue Discussion of the state dir exempt function revenue Discussion of the state dir function reve	Pa	rt V	111	Statement of Revenue					
Total revenue Realest or exempt function revenue Unrealest revenue function revenue Pressient extended business revenue revenues for functions and the status of the status status of the status of anticipes of the status and the status of the status of the status of the status of th				Check if Schedule O contains a response	or note to any line		(D)		
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9 2020.05093 RESURGE INTERNATIONAL

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RESURGE INTERNATIONAL

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 59,581 59,581. Benefits paid to or for members 4 Compensation of current officers, directors, 5 209,003 trustees, and key employees 264,561 26,456. 29,102. 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 823,807. 504,212. 103,346 216,249. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 25,780 22,369. 3,411. 67,673 83,381 4,572 11,136. 9 Other employee benefits 89,211 53,527 16,891 18,793. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 80,660, 80,660 С Accounting d Lobbying 32,373. 32,373. Professional fundraising services. See Part IV, line 17 е 18,323. Investment management fees 18,323. f Other. (If line 11g amount exceeds 10% of line 25, g 679,415 583,736 47,472 48,207. column (A) amount, list line 11g expenses on Sch O.) 37,438 2,241 35,197. Advertising and promotion 12 25,343. 19,878 44,323. 89,544 13 Office expenses _____ 102,820, 78,760. 14,771 9,289. Information technology 14 Royalties 15 27,272. 9,865. 15,062 2,345. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,250. 1,250. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 81,372 37,477, 8,140 35,755. 22 Depreciation, depletion, and amortization 11,948 12,516. 550 18. 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.) MISCELLANEOUS 34,989, 14,277, 10,366 10,346. а VOLUNTEER AND RECRUITME 26,326 10,704 2,063 13,559. b 7,032. BAD DEBT 7,032, С 4,262. EVENTS 4,262. d All other expenses е 569,527 510,103. Total functional expenses. Add lines 1 through 24e 2,581,913, 1,502,283 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.

032010 12-23-20

Check here

13220412 701245 0502759.01

if following SOP 98-2 (ASC 958-720)

2020.05093 RESURGE INTERNATIONAL

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Form 990 (2020)

RESURGE INTERNATIONAL

		Check if Schedule O contains a response or no	te to an	line in this Part X	·····		T	
						(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			L	1,877,553.	1	1,817,04
2	2	Savings and temporary cash investments			L	110,440.	2	25,03
3	3	Pledges and grants receivable, net			L	355,748.	3	317,18
4	4	Accounts receivable, net				62,180.	4	36,76
5		Loans and other receivables from any current o						
		trustee, key employee, creator or founder, subs						
		controlled entity or family member of any of the		5				
6	6	Loans and other receivables from other disquali						
		under section 4958(f)(1)), and persons described	d in sec	on 4958(c)(3)(B)			6	
7	7	Notes and loans receivable, net			[7	
8	8	Inventories for sale or use				142,159.	8	142,15
9	9	— · · · · · · · ·				16,129.	9	36,52
10	0a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	748	,420.			
	b	Less: accumulated depreciation		702	,096.	97,217.	10c	46,32
11		Investments - publicly traded securities				1,431,262.	11	1,984,08
12		Investments - other securities. See Part IV, line				273,793.	12	300,24
13		Investments - program-related. See Part IV, line					13	· · · ·
14		Intangible assets				182,381.	14	153,47
15		Other assets. See Part IV, line 11				13,240.	15	24
16		Total assets. Add lines 1 through 15 (must equ				4,562,102.	16	4,859,08
17		Accounts payable and accrued expenses				243,391.	17	251,93
18		Grants payable			18	·		
19		Deferred revenue				12,715.	19	
20		Tax-exempt bond liabilities					20	
21		Escrow or custodial account liability. Complete					21	
0		Loans and other payables to any current or form			····· -			
	_	trustee, key employee, creator or founder, subs						
		controlled entity or family member of any of the					22	
23	3	Secured mortgages and notes payable to unrela			····· Γ		23	
24		Unsecured notes and loans payable to unrelate					24	
25		Other liabilities (including federal income tax, pa			····· F			
	•	parties, and other liabilities not included on line						
		of Schedule D	0 11 2 1			146,195.	25	150,00
26	6	Total liabilities. Add lines 17 through 25			····· F	402,301.	26	401,93
	<u> </u>	Organizations that follow FASB ASC 958, che	eck her			, -	20	/
		and complete lines 27, 28, 32, and 33.						
27	7	.			- E	909,452.	27	1,354,72
28		N			Г	3,250,349.	28	3,102,42
	0	Organizations that do not follow FASB ASC 9			····· -	, , -	20	, ,
		and complete lines 29 through 33.	, on					
27 28 29 30 31 32	a	Capital stock or trust principal, or current funds					29	
30		Paid-in or capital surplus, or land, building, or en					30	
2							30	
31		Retained earnings, endowment, accumulated in Total net assets or fund balances				4,159,801.	31	4,457,14
32		TOTALLEL ASSETS OF TUDO DATALCES				·, · · · · · · · · · · · · · · · · · ·	J J Z	

Form 990 (2020)

032011 12-23-20

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 610, 196 2 2, 581, 913 3 28, 283 3 Revenue less expenses. Subtract line 2 from line 1 3 28, 283 4 4, 159, 801 4 4, 159, 801 5 269, 062 6 6 7 1 7 6 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 4, 457, 146 9 0 10 4, 457, 146 1 2 10 4, 457, 146 1 1 10 4, 457, 146 1 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash <	Form	990 (2020) RESURGE INTERNATIONAL	23-729777	0	Pa	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,610,196 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,581,913 3 Revenue less expenses. Subtract line 2 from line 1 3 28,283 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,159,801 5 Net unrealized gains (losses) on investments 5 269,062 6 7 7 7 8 7 8 9 0 9 0 0 10 4,457,146 Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2 X Yes 1 Accounting francial statements compiled or reviewed by an independent accountant? 2 1 Accounting francial statements compiled or reviewed by an independent accountant? 2 1 Accounting the organization's financial statements compiled or reviewed by an independent accountant? 2 1 Accounting method used to prepare the Form 990: <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 2,581,913 3 Revenue less expenses. Subtract line 2 from line 1 3 28,283 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,159,801 5 269,062 6 6 6 6 6 7 8 7 8 9 0 ther 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 4,457,146 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method use		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 2,581,913 3 Revenue less expenses. Subtract line 2 from line 1 3 28,283 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,159,801 5 269,062 6 6 6 6 6 7 8 7 8 9 0 ther 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 4,457,146 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method use						
3 Revenue less expenses. Subtract line 2 from line 1 3 28,283 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,159,801 5 Net unrealized gains (losses) on investments 5 269,062 6 0 6 7 7 6 8 9 0 9 0 ther 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 4,457,146 Part XIII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a 2a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	610,	196.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4, 159, 801 5 Net unrealized gains (losses) on investments 5 269, 062 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 4, 457, 146 Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a X X X X	2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	581,	913.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,159,801 5 Net unrealized gains (losses) on investments 5 269,062 6 6 6 7 6 6 7 7 6 8 7 7 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 4,457,146 Yes No Yes No Check if Schedule O contains a response or note to any line in this Part XII X 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 in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a 2a X	3	Revenue less expenses. Subtract line 2 from line 1	3		28,	283.
6	4		4	4,	159,	801.
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 4,457,146 Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X 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 in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	5	Net unrealized gains (losses) on investments	5		269,	062.
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 4,457,146 Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X 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 in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	6	Donated services and use of facilities	6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes 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 in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	7		7			
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 4,457,146 Part XII Financial Statements and Reporting 10 4,457,146 Check if Schedule O contains a response or note to any line in this Part XII X Yes 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 in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a X	8		8			
column (B)) 10 4,457,146 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Check if Schedule O contains a response or note to any line in this Part XII X If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a Image: Colspan="2">X	9		9			0.
Part XII Financial Statements and Reporting X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Zero Colspan="2">Xecounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Image: Colspan="2">Zero X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a Image: Colspan="2">Zero X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a Image: Colspan="2">X			10	4,	457,	146.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
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 in Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a 2a X		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a 2a X					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
separate basis, consolidated basis, or both:		separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	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 basis,		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:		consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis		X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С					
review, or compilation of its financial statements and selection of an independent accountant?		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 Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
Act and OMB Circular A-133? 3a X		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 required audit	b					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

SCH	IED	ULE	Α
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2020
Open to Public

		f the Treasury nue Service		► Go to www.irs.gov	Open to Public Inspection					
Nan	ne of t	he organizati	, i i i i i i i i i i i i i i i i i i i	de le minine.get				inormation.	Employer	identification number
		ine el guinzati		E INTERNATIONAL						23-7297770
Pa	rt I	Reason			(All organizations must c	omplete th	nis nart) S	ee instruction		10 / 10 / 1 / 0
1			•	•	For lines 1 through 12, cl		,	I// A //;)		
	\square				on of churches described			I)(A)(I).		
2					Attach Schedule E (Form			:)		
3		•	•		anization described in se			•	V:::) Enter	the beenitel's name
4			-	ation operated in col	njunction with a hospital	described	III Sectio	A)(1)(a)011 n	J(III). Enter	the hospital's hame,
-		city, and stat		ar the henefit of a cal		0× 000×0+		veremental	nit describe	
5					llege or university owned	or operation	eu by a go	vernmentaru	nit describe	
~				Complete Part II.)	e e set e la constant de la constant de la constant		70/L-\/_4\/_A\	()		
6		 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 								
7	X	-		-	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	Dublic described in
•		-		omplete Part II.)						
8					(1)(A)(vi). (Complete Parl	,			I and an art	
9		-	-	-	in section 170(b)(1)(A)(i		-		-	•
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
40		university:		1	H					l
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from								
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
				• •				0(-)(4)		
11		-	-	-	ively to test for public sat	•				
12		-	-	-	ively for the benefit of, to	-			•	
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
_		7	-	• •					-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the st	ipporting
				complete Part IV, Se					··· (-) · ··· · · · ·	•
b				-	l or controlled in connect			-		•
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted
-		٦ Ŭ	. ,	t complete Part IV,						-1 114-
С			-		g organization operated				lly integrate	a with,
			-). You must complete F					
d		••	-	• •	oorting organization oper				•	. ,
					zation generally must sati				an attentiv	/eness
		- ·		,	nplete Part IV, Sections				U. T	
е		_	0		written determination from			Type I, Type	п, туре п	
	-				nally integrated supportir	ng organiz	ation.			
f			of supported o	•						
<u> g</u>		i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetarv	(vi) Amount of other
	•	organization			(described on lines 1-10	in your governi Yes	ng document?	support (see i		support (see instructions)
					above (see instructions))	100				

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 RESURGE INTERNATIONAL

23-7297770

Page **2**

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,029,342.	3,152,605.	5,067,852.	4,008,294.	2,565,701.	17,823,794.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	3,029,342.	3,152,605.	5,067,852.	4,008,294.	2,565,701.	17,823,794.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,123,281.
	Public support. Subtract line 5 from line 4.						14,700,513.
	ction B. Total Support	г т		I			
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3,029,342.	3,152,605.	5,067,852.	4,008,294.	2,565,701.	17,823,794.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				<i></i>		
	and income from similar sources	23,002.	19,840.	39,675.	64,757.	47,702.	194,976.
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.)	210,095.	219,421.	235,698.	163,482.	11,981.	840,677.
	Total support. Add lines 7 through 10						18,859,447.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th	-					. —
50	organization, check this box and stor ction C. Computation of Publi	o here	ontago				>
				- L			77.95 %
	Public support percentage for 2020 (li			())		14	,,,
	Public support percentage from 2019					15	/0
102	33 1/3% support test - 2020. If the c						
L	stop here. The organization qualifies		•			or mara chack thi	
Ľ	33 1/3% support test - 2019. If the c						
47-	and stop here. The organization qual						
1/2	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	-	-	
	meets the facts-and-circumstances te	-				70 and line 15 is 1	
Ľ	10% -facts-and-circumstances test more and if the organization meets the	-					U70 UI
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organizatio				•		
				, ,		dule A (Form 990	

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

23-7297770 Page **3**

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (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						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	0 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box ar	-	-				▶∟
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che						ation
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t			·····
032023 01-25-21		15		Sch	edule A (For	m 990 or 990-EZ) 2020

2020.05093 RESURGE INTERNATIONAL

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

Yes No

No

			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and				
	11c below, the governing body of a supported organization?	11a			
b	A family member of a person described in line 11a above?	11b			
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.	11c			
Section B. Type I Supporting Organizations					

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	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,		
		2	

Section C. Type II Supporting Organizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the suppo

Sec	ction D. All Type III Supporting Organizations	•	•
			Yes
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the meth	od that the organization	used to satisfy the	e Integral Part Test dur	ing the year (see 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.*

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

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

2020.05093 RESURGE INTERNATIONAL

Schedule A	(Form 990 c	or 990-E7)	2020	RESURGE	INTERNATIONAL
Schedule A		JI 990-EZ)	2020	112001102	

	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	23-7297770 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instruction:
	All other Type III non-functionally integrated supporting organizations must			
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	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	8	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 (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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5	ine 1; Part IV, Section D, I Section D, lines 5, 6, and 3 (See instructions.)	lines 2 and 3; Part IV, 5 8; and Part V, Section	5, 93, 90, 90, 90, 113, 116 Section E, lines 1c, 2a E, lines 2, 5, and 6. Al	o, and 11c; Part IV, So , 2b, 3a, and 3b; Part so complete this part	ection B, lines 1 and 2; Pa V, line 1; Part V, Section for any additional inform	irt IV, Section C, B, line 1e; Part V, ation.
(See instructions.)					

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

23-	729	7770	D

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization

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		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$219,974	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$138,032.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$129,675.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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2020.05093 RESURGE INTERNATIONAL 05027591

Schedule E	6 (Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

RESURGE INTERNATIONAL

Page **2** Employer identification number

23-7297770

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$_	70,270.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	355,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (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.)
(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, 990-EZ, or 990-PF) (2020)

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

Name of organization

Page 3
Employer identification number

RESURGE INTERNATIONAL

23-7297770

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	1340 SHARES OF MEEIX MSF VALUE FUND		
		\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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2020.05093 RESURGE INTERNATIONAL

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

Page 4

ame of orga	anization		Employer identification number				
SURGE IN	VTERNATIONAL		23-7297770				
art III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	y. For organizations pss for the year. (Enter this info. once.) \$				
	Use duplicate copies of Part III if additional	space is needed.	- · · · ·				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		., .					
-							
		(e) Transfer of gift					
	Transferee's name, address, ar	nd 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					
\vdash	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-							
			1				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
_							
_							
		(a) Transfor of gift					
	(e) Transfer of gift						
	Transferee's name, address, ar	nd 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			(d) Description of now girl is held				
-			[
		(e) Transfer of gift					
1							
			Deletionship of therefores to therefores				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

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2020.05093 RESURGE INTERNATIONAL 05027591

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.



Nam	e of the organization RESURGE INTERNATIONAL			Em		entificatio	n number
Pa		Funds or Other	Similar Funds or A				
1 0	organization answered "Yes" on Form 990, Part IV, line					inpiete il t	
		o. (a) Donor adv	ised funds	(b) Fur	nds and o	ther accou	ints
1	Total number at end of year	(a) Donor dav		(10) 1 01			
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value of grants norm (during year)						
5	Did the organization inform all donors and donor advisors in wr	iting that the assets	held in donor advised fur	nde			
5	are the organization's property, subject to the organization's ex-	-			Г	Yes	No
6	Did the organization inform all grantees, donors, and donor adv				∟		
Ŭ	for charitable purposes and not for the benefit of the donor or o	-	-	-			
	impermissible private benefit?			•	Г	Yes	No
Pa		nization answered "	Yes" on Form 990. Part IV	/. line 7	·····		
1	Purpose(s) of conservation easements held by the organization			,			
•	Preservation of land for public use (for example, recreation	· · · ·	Preservation of a hist	torically	importar	t land are	a
	Protection of natural habitat		Preservation of a cer	-	-		a
	Preservation of open space	l		uncu m	310110 3110		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation cont	ribution in the form of a co	onserva	tion ease	ment on tl	he last
-	day of the tax year.						he Tax Year
а				2a	Inclu at t		
b				2b			
c	Number of conservation easements on a certified historic struc						
d	Number of conservation easements included in (c) acquired aft			20			
ŭ	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, relea				u durina th	e tax	
•	year >	loca, oxtingulorioa, t	si torrininatoa sy trio organ	Lation	danng tr	o tax	
4	Number of states where property subject to conservation ease	ment is located					
5	Does the organization have a written policy regarding the perio		ection handling of				
Ū	violations, and enforcement of the conservation easements it h				Г	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha						
•		and ing of the another	and officially concernat	on ouo			
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and	enforcing conservation ea	asemen	ts durina	the vear	
•	► \$	ig er melanene, and			ie aang	are year	
8	Does each conservation easement reported on line 2(d) above	satisfv the requirem	ents of section 170(h)(4)(E	3)(i)			
	and section 170(h)(4)(B)(ii)?	, ,			Γ	Yes	No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnot					1	
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of A	Art, Historical T	reasures, or Other S	Simila	r Asset	S.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its r	evenue statement and ba	lance sl	heet work	s	
	of art, historical treasures, or other similar assets held for public	•					
	service, provide in Part XIII the text of the footnote to its financial						
b	If the organization elected, as permitted under FASB ASC 958,			e sheet	works of	:	
	art, historical treasures, or other similar assets held for public e	-					
	provide the following amounts relating to these items:	,	,			,	
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
				•	-		
2	If the organization received or held works of art, historical treas						
	the following amounts required to be reported under FASB AS						
а	Revenue included on Form 990, Part VIII, line 1	-			\$		
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions f				Schedul	e D (Form	n 990) 2020
	12-01-20					-	-
		26					

^{2020.05093} RESURGE INTERNATIONAL

Sche	dule D (Form 990) 2020 RESURGE INT						23-729		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or (Other S	Similar <i>I</i>	Assets	(contir	<u>ued)</u>	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that n	nake sigr	nificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change program	n					
b	Scholarly research	е	Other							
с	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization	's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	similar as	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "Y	es" on F	orm 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributior	ns or other asse	ts not ind	cluded				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F					?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Pa	art XIII]
Par	t V Endowment Funds. Complete i	if the organization an	swered "Yes" on F	orm 990, Part I\	V, line 10					
		(a) Current year	(b) Prior year	(c) Two years	back (c	I) Three yea	irs back	(e) Four	' years	back
1a	Beginning of year balance	1,184,985.	1,182,703	. 1,151,	667.	1,114	1,576.	1,	048,	735.
b	Contributions	4,594.	747	. 2,	750.	3	3,100.		1,	825.
с	Net investment earnings, gains, and losses	307,487.	61,395	. 86,	079.	114	1,021.		142,	526.
d										
е	Other expenditures for facilities									
	and programs	60,421.	59,860	. 57,	793.	80	0,030.		78,	510.
f	Administrative expenses									
g	End of year balance	1,436,645.	1,184,985	1,182,	703.	1,151	,667.	1,	,114,	576.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	.0000	%	,,						
b	Permanent endowment 53.2900	%	_							
с	Term endowment 46.7100	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered	d for the	organizati	on			
	by:	C C				U U]	Yes	No
	(i) Unrelated organizations							3a(i)		х
	(ii) Related organizations							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, F	Part X, lir	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) Acc	umulated		(d) Boo	k valu	e
		basis (investm	• • •	(other)		eciation				
1a	Land									
	Buildings									
	Leasehold improvements			1						
	Equipment			697,223.		652,65	55.		44,	568.
	Other			51,197.		49,44			,	756.
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line	,		<i>i</i>				324.
		gaar on ov, rall		<u></u> ,		<u></u>	chedule	D (Forn	- '	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CORPORATE BONDS	300,243.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	300,243.		
Part VIII Investments - Program Related.	· · ·		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			,
(2)			
(3)			
(4)			
•••			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	on Form 000 Dort IV line 1	1d Cap Form 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Fart A, line 15.	(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	9 <u>15.)</u>	▶	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PPP LOAN			150,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)		150,000.
2 Liability for upcortain tax positions. In Part XIII, provide	,	the executive is financial statements the	· · · · ·

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 RESURGE INTERNATIONAL			23-7297770	Page 4
Par		ments With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,970,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	269,062.		
b	Donated services and use of facilities	2b	1,109,855.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,378,917.
3	Subtract line 2e from line 1			3	2,591,873.
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	18,323.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	18,323.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	2,610,196.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,673,445.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,109,855.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	i		2e	1,109,855.
3	Subtract line 2e from line 1			3	2,563,590.
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	18,323.		
	Other (Describe in Part XIII.)		· ·		
	Add lines 4a and 4b			4c	18,323.
-	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line</i> 18.)			5	2,581,913.
	t XIII Supplemental Information.				, ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dart IV lines 1h a	and 2h: Part V, line /	· Part X line 2·	Dart XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, i alt X, iiio 2,	art XI,
11103					
PART	V, LINE 4:				
	.,				
тне	PURPOSES OF THE RESURGE INTERNATIONAL ENDOWMENT FUND ARE T	O PROVIDE.			
1 2	VEHICLE FOR THE RECEIPT AND MANAGEMENT OF FUTURE ENDOWMEN	۳			
<u>+.</u> .	VENTOR FOR THE RECEIPT AND PRAVIDENENT OF FOTORE ENDOWMEN	<u>-</u>			
сомч	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.

032054 12-01-20

Schedule D (Form 990) 2020

13220412 701245 0502759.01

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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) 2020

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	002011 12-00	-20		
132	20412	701245	0502759.0	1

			3		3		
cti	on Act N	oti	ce, s	ee the Ins	truct	ions for Form 990.	Schedu
SE	E PART	v	FOR	COLUMN	(E)	DESCRIPTIONS	

2020.05093 RESURGE INTERNATIONAL

SCHEDULE F (Form 990)	Statement of ► Complete if the orga		
Department of the Treasury Internal Revenue Service	► Go to www.irs.		
Name of the organization			

Form 990, Part IV	/, line 14b.							
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,				
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
	er une grante er e				Yes X No			
2 For grantmakers Daga	riba in Dart V the	orgonization's	aragaduras for monitoring the use of its	aronto and other assistance oute	ida tha			
	mbe in Part v the	e organization s	procedures for monitoring the use of its	s grants and other assistance outs	ide trie			
United States.								
			an be duplicated if additional space is n		1			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		(f) Total expenditures			
	offices	agents, and	(by type) (such as, fundraising, pro-	is a program service,	for and			
	in the region	independent contractors	gram services, investments, grants to		investments			
		in the region	recipients located in the region)	of service(s) in the region	in the region			
		ŭ		SURGICAL OUTREACH				
				PROGRAM (SOP):				
				RECONSTRUCTIVE SURGEONS				
COUMH ACTA	2	2	DROCRAM CERVICES		250 266			
SOUTH ASIA	2	2	PROGRAM SERVICES	PERFORM SURGERIES ON	358,266.			
				SURGICAL OUTREACH				
				PROGRAM (SOP):				
EAST ASIA AND THE				RECONSTRUCTIVE SURGEONS				
PACIFIC	1	1	PROGRAM SERVICES	PERFORM SURGERIES ON	32,991.			
				SURGICAL OUTREACH				
				PROGRAM (SOP):				
				RECONSTRUCTIVE SURGEONS				
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PERFORM SURGERIES ON	138,120.			
					+			
2 a Subtotal	3	3			529,377.			
3 a Subtotal					525,577			
b Total from continuation								
sheets to Part I	0	0			0.			
c Totals (add lines 3a								
and 3b)	3	3			529,377.			

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RESURGE INTERNATIONAL

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

LHA	For Paperwork	vork Reduction Act Notice, see the l					nstructio		
		SEE	PART	v	FOR	COLUMN	(E)	D	

032071 12-03-20

and 3b)

OMB No. 1545-0047
2020
Open to Public

Employer identification number

23-7297770

05027591

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

Attach to Form 990.

gov/Form990 for instructions and the latest information.

Statement of Activities Outside the United States

Schedule F (Form 990) 2020

RESURGE INTERNATIONAL

23-7297770

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) IRS code section and EIN (if applicable) (c) Region		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			ELEARNING CENTER IN						
		AFRICA	UGANDA	58,140.	WIRE TRANSFER	0.		FMV	
2 Enter total number of		 	recognized as charities by the f		ecognized as a tax			<u> </u>	
			or counsel has provided a sect			•			
3 Enter total number of					· · · · · · · · · · · · · · · · · · ·	>			

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

(a) Type of grant or assistance

WIRE TRANSFER

(c) Number of

1

recipients

Part III can be duplicated if additional space is needed.

RESURGE INTERNATIONAL

(b) Region

AFRICA

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.

(d) Amount of

cash grant

Ο.

(e) Manner of

cash disbursement

(f) Amount of

noncash assistance (g) Description of

noncash assistance

ONE YEAR FELLOWSHIP IN RECONSTRUCTIVE

991. SURGERY

Schedule F (Form 990) 2020

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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	X No
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) 2020

RESURGE INTERNATIONAL 23-7297770 Schedule F (Form 990) 2020 Page 5 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 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 (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: SUB-SAHARAN AFRICA

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

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

032075 12-03-20

Schedule F (Form 990) 2020

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.

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.

Schedule F (Form 990) 2020

032075 12-03-20

SCHEDULE G	Suppleme	ental Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990 or 990-EZ)		mplete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public		
Internal Revenue Service	► G	► Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization	ר						Employer ide	entification number		
		TERNATIONAL					23-72977			
	complete this par	 Complete if the organization answ t. 	vered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	Z filers are not		
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, F	s f X Solicit	ation of ation of al fundra al (incluc professi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye			
compensated at le	0	()1		ugroor		lo la		0		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
COMMUNITY ENDEAVOR	S - 218 E		Yes	No						
VILLANOVA DRIVE, C	LAREMONT,	PROPOSAL WRITING		Х	129,400.		5,050.	124,350.		
MEYER PARTNERS - 8		DIRECT MAIL: WRITING,								
HIGGINS RD STE 530	, CHICAGO,	POSTING		х	45,260.		8,398.	36,862.		
STEVE ROSEN - 3955	PASEO									
GRANDE, MORAGA, CA	94556	PROPOSAL WRITING		X	32,900.		18,925.	13,975.		
Total 3 List all states in whi	ich the organizatio	on is registered or licensed to solicit	contrib	▶ utions	207,560. or has been notified	it is e	32,373. exempt from re	175,187.		
or licensing.	DC,FL,GA,HI,I	L, KS, KY, ME, MD, MA, MI, MN, NV,	NH,NJ,	NM,N	Y , NC , OH					

OR, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI, ND, MO, MS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G	(Form 990 d	or 990-F7) 2020	RESURGE	INTERNATIONAL

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990 [,]	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue						
Revenue	1	Gross receipts	295,826.			295,826.
	2	Less: Contributions	295,826.			295,826.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				27,708.
	10				►	27,708.
_		Net income summary. Subtract line 10 from li				-27,708.
Pa	irt I	•	answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(L) Dull tabe/instant		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						···· (u) ·······························
В	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
~	F					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				
~						
		ere any of the organization's gaming licenses re				Yes No
D.		Yes," explain:				
	_					

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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Sch	edule G (Form 990 or 990-EZ) 2020 RESURGE INTERNATIONAL	23-72	9777	0	Page 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			Yes	No
40	to administer charitable gaming?			Yes	└── No
	Indicate the percentage of gaming activity conducted in: a The organization's facility	1	13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	····· L			,,,
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ļ		Yes	🗌 No
	 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: 	t			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 💲				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			Yes	🗌 No
ł	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ıe			
De	organization's own exempt activities during the tax year s	<u></u>			
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part	III, lin	es 9,	96, 106,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: COMMUNITY ENDEAVORS				
(I)	ADDRESS OF FUNDRAISER: 218 E VILLANOVA DRIVE, CLAREMONT, CA 91711				
(I)	NAME OF FUNDRAISER: MEYER PARTNERS				
(I)	ADDRESS OF FUNDRAISER: 8725 W HIGGINS RD STE 530, CHICAGO, IL 60631				
0320	83 11-25-20 Schedule G	(Form	990 o	r 990	-EZ) 2020

rt IV Supplemental Information (continued)	Pag

032084 04-01-20

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47			
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2020					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)			
Depa	tment of the Treasury	·	Open to Public						
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection					
Nam	e of the organization		Employer		on nu	mber			
		RESURGE INTERNATIONAL	23-7	297770					
Pa	rt I Question	s Regarding Compensation							
4.					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on For	n 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com	Ipanions Payments for business use of personal Eation and gross-up payments Image Institution for the social club dues or initiation for the social club dues of the social cl							
		spending account							
			eur, chei)						
h	If any of the boyce	on line 1a are checked, did the organization follow a written policy regarding payment or							
D	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	trustees, and onice								
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organizatior	ı's						
•		ector. 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 Compensation								
		compensation consultant X Compensation survey or study							
	·	ther organizations X Approval by the board or compensation	committee						
			oommittee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re								
а	Receive a severand	e payment or change-of-control payment?		4a		х			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion						
	contingent on the r	evenues of:							
						x			
		ation?				X			
	If "Yes" on line 5a o	or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion						
	contingent on the r	5							
						X			
b		ation?		6b		X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the						
				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990	2020			

032111 12-07-20

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JEFFERY WHISENANT	(i)	235,379.	0.	0.	9,566.	17,330.	262,275.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	٥.	0.	0.	
(2) BEVERLY KENT	(i)	134,120.	0.	0.	5,787.	20,343.	160,250.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

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) 2020

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.

2020 **Open to Public** . Inspection

Name of the	organization
-------------	--------------

RESURGE INTERNATIONAL

Employer identification number
23-7297770

23-	70	07	-	-
23-	-12	91	1	1

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	3	72,653.	FAIR MARKET VALU	3		
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory Drugs and medical supplies	x	1	4,211.	FMV			
20				-,•				
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u>	Other ()	l	 the tax year far a					
29	Number of Forms 8283 received by the organiz		, ,				3	
	for which the organization completed Form 828	53, Part V, L	onee Acknowledg	ement				
00 -				and a Dariel Brand Alberta	b 00 4b at 3		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date	`				00-		x
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.					<u>.</u> .	v	
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	ort, process, or sell noncash				v
_						32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r 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) 2020

032141 11-23-20

Schedule M (Form 990) 2020 RESURGE INTERNATIO		23-7297770	Page 2
Part II Supplemental Information. Provide	the information required by Part I, lines 30b, 32b, and of contributions, the number of items received, or a	nd 33, and whether the organi	zation
is reporting in Part I, column (b), the number this part for any additional information.	r of contributions, the number of items received, or a	combination of both. Also cor	mplete
SCHEDULE M, PART I, COLUMN (B):			
SCREDULE M, FART I, COLOMN (B):			
THIS NUMBER REPRESENTS THE NUMBER OF CONTR	IBUTIONS NOT THE NUMBER OF		
ITEMS CONTRIBUTED.			
032142 11-23-20		Schedule M (For	m 990) 2020
	4 5		
20412 701245 0502759.01	45 2020.05093 RESURGE II		05027
70417 101743 030713 3 •01	ZUZU.UJUJJ KESUKGE II	NI CKINAT TONAL	0502/

SCHEDULE O

(Form 990 or 990-EZ)

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 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:

IN 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.

WHEN COVID-19 RESTRICTED TRAVEL OVERSEAS, RESURGE INTERNATIONAL QUICKLY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 46 Schedule O (Form 990 or 990-EZ) 2020

13220412 701245 0502759.01

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization RESURGE INTERNATIONAL	Employer identification number 23-7297770
PIVOTED FROM INPERSON TRAINING TO VIRTUAL TRAINING. FROM JULY 1, 2020	
THROUGH JUNE 30, 2021, RESURGE DELIVERED 98 VIRTUAL LECTURES TO MORE	
THAN 2800 OVERSEAS TRAINEES ACROSS 31 COUNTRIES. DURING THE YEAR ENDED	
JUNE 30, 2021, RESURGE INTERNATIONAL PERFORMED NEARLY 1696 SURGERIES ON	
1,164 PATIENTS. ONE HUNDRED PERCENT OF THESE SURGERIES WERE PERFORMED	
BY HOST-COUNTRY SURGEONS, MANY OF WHOM HAD PREVIOUSLY BENEFITED FROM	
RESURGE INTERNATIONALS HANDS-ON 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 ORGANIZATIONS WORK GIVES PATIENTS THE	
OPPORTUNITY TO LIVE INDEPENDENT AND FULFILLING LIVES, REDUCING	
SUFFERING AND POVERTY.	
RESURGE INTERNATIONAL WORKS IN 19 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,

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Employer identification numb 23-7297770
RESURGE INTERNATIONAL	23-7297770
2021, DONATED 850 HOURS OF THEIR TIME TO TRAIN HOST - COUNTRY MEDICAL	
PROFESSIONALS AND TREAT PATIENTS LIVING IN POVERTY IN THE COUNTRIES WE	
SERVE.	
THE OPDINIZATION'S INTERNATIONAL PROGRAMS INSTITUTE.	
THE ORGANIZATION'S INTERNATIONAL PROGRAMS INCLUDE:	
RAINING - RESURGE INTERNATIONAL SENDS TEAMS OF VISITING EDUCATORS -	
ACADEMIC SURGEONS, ANESTHESIOLOGISTS, PEDIATRICIANS, NURSES AND	
PHYSICAL THERAPISTS, ALL EXPERTS IN THEIR FIELD AND IN TEACHING - TO	
TRAIN LOCAL MEDICAL PROFESSIONALS, EXPANDING THE SCOPE AND QUALITY OF	
THEIR CARE. DURING THE YEAR ENDED JUNE 30, 2021, RESURGE INTERNATIONAL	
PIVOTED TO VIRTUAL TRAINING ONLY DUE TO COVID-19 TRAVEL RESTRICTIONS,	
ALLOWING THE ORGANIZATION TO QUADRUPLE THE NUMBER OF SURGEONS TRAINED	
COMPARED TO THE PREVIOUS FISCAL YEAR.	
COMPARED TO THE FREVIOUS FISCAL TEAK.	
TREATMENT - RESURGE INTERNATIONAL PROVIDES DIRECT SURGICAL CARE FOR THE	
JNDERSERVED 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, 2021, RESURGE INTERNATIONAL	
SUPPORTED 19 PERMANENT LOCAL MEDICAL PARTNER PROGRAMS IN 9 COUNTRIES.	
ARTNERSHIP - 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	
32212 11-20-20 48	Schedule O (Form 990 or 990-EZ)

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2020.05093 RESURGE INTERNATIONAL 05

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization RESURGE INTERNATIONAL	Employer identification number 23-7297770
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	
SURGICAL NGOS.	
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:	
THE EXECUTIVE COMMITTEE REVIEWED SEVERAL SURVEYS FOR COMPARABLE NONPROFIT	
POSITIONS IN A SIMILAR GEOGRAPHY. THE COMMITTEE DOCUMENTED ITS DECISION IN	
A MEMO AND PRESENTED ITS FINDINGS TO THE BOARD.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT	
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS, 990S AND ANNUAL REPORTS ARE AVAILABLE TO THE	
PUBLIC ON THE ORGANIZATION'S OWN WEBSITE.	

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization		Page Employer identification number
RESURGE INTERNATIONAL		23-7297770
COPY OF DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	407,998.	
MANAGEMENT AND GENERAL EXPENSES	14,512.	
FUNDRAISING EXPENSES	27,479.	
TOTAL EXPENSES	449,989.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	175,738.	
MANAGEMENT AND GENERAL EXPENSES	32,960.	
FUNDRAISING EXPENSES	20,728.	
TOTAL EXPENSES	229,426.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	679,415.	
FORM 990 PAGE 12 PART XII LINE 2C		
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.		
32212 11-20-20		Schedule O (Form 990 or 990-EZ) 2

032212 11-20-20

Part I

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.

2020

OMB No. 1545-0047

Open to Public Inspection Employer identification number

23-7297770

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

RESURGE INTERNATIONAL

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
				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) 2020

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.

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

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
 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)			Х
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)			X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)			Х
i Exchange of assets with related organization(s)			Х
j Lease of facilities, equipment, or other assets to related organization(s)			x
k Lease of facilities, equipment, or other assets from related organization(s)	1k		х
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)			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	1p		х
q Reimbursement paid by related organization(s) for expenses			Х
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		х
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 transaction three	esholds.		

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

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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) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

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Part VII Supplemental Information

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

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