**Short Form** 

Form **990-EZ** 

OMB No. 1545-0047

310	IT FOILI			
<b>Return of Organization</b>	Exempt	From	Income	Тах

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

2019

Dep	partment of	the Treasury	Do not enter social security numbers on this form as it may be		•		Open to Public Inspection
	rnal Revenu		► Go to www.irs.gov/Form990EZ for instructions and the late		mation.		-
			r year, or tax year beginning , 2019, and endin	g			,20
В	Check if ap	oplicable:	C Name of organization		• •		ification number
Ц	Address ch	nange	REINTEGRATION SUPPORT NETWORK, INC.			23692	
Ц	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/su	uite	E Teleph	one num	ber
Ц	Initial return	n					
Ц	Final return	n/terminated	117 W MAIN ST		-	9)260	
Ц	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	n
	Application	pending	CARRBORO, NC 27510		Numbe	r ►	
G	Accounti	ing Method:	X Cash Accrual Other (specify) ►	н	Check ►	if the	e organization is <b>not</b>
I	Website	: ► <u>₩₩₩.</u>	RSNNC.ORG		required to	attach S	chedule B
J	Tax-exe	empt status (	check only one) - 🕱 501(c)(3) 🗌 501(c)( ) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 5	527	(Form 990,	990-EZ,	or 990-PF).
κ	Form of	organization:	X Corporation Trust Association Other				
L	Add lines	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total :	assets		
(Pa	art II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. ► \$	131,898
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (				art I)
_			he organization used Schedule O to respond to any question in this Par				
	1		, gifts, grants, and similar amounts received			1	56,900
	2		vice revenue including government fees and contracts.			2	74,998
	3		dues and assessments			3	, 1,550
	4	•				4	
			nt from sale of assets other than inventory	•••		-	
			other basis and sales expenses				
						Fo	
			) from sale of assets other than inventory (Subtract line 5b from line 5a)		• • • •	5c	
	6	-	fundraising events:				
a)	a		e from gaming (attach Schedule G if greater than				
Revenue			6a				
eve	b		e from fundraising events (not including \$ of contribution)	ons			
R			ing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000) 6b				
			expenses from gaming and fundraising events				
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)		• • •		6d	
	7a	Gross sales	of inventory, less returns and allowances				
	b	Less: cost of	goods sold				
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	e (describe in Schedule O)			8	
_	9	Total reven	<b>Je.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &	<u></u>		9	131,898
	10		imilar amounts paid (list in Schedule O)			10	
	11	Benefits paid	to or for members			11	
	12		er compensation, and employee benefits			12	94,546
Expenses	13		fees and other payments to independent contractors			13	5,696
Sen	14		rent, utilities, and maintenance			14	3,985
Ă	15		ications, postage, and shipping			15	264
	16	• •	ses (describe in Schedule O).			16	5,492
	17		ses. Add lines 10 through 16			17	109,983
	18		eficit) for the year (Subtract line 17 from line 9)			18	21,915
ts	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with	• • • •	• • • •	10	41,915
Net Assets	19					19	2 010
ţĂ	20	-	igure reported on prior year's return)				2,819
Ř	20	-	es in net assets or fund balances (explain in Schedule O)			20	04 804
-	21		r fund balances at end of year. Combine lines 18 through 20			21	24,734
FO EE/		vork Reductio	on Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2019)

	m 990-EZ (2019) REINTEGRATION SUPPOR		•	46-2	369	263 Page 2
P	art II Balance Sheets (see the instructions for Pa	,				_
	Check if the organization used Schedule O t	o respond to any qu	estion in this Part			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			2,819	22	24,734
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			2,819	25	24,734
	Total liabilities (describe in Schedule O)			0	26	0
	Net assets or fund balances (line 27 of column (B) must			2,819	27	24,734
	art III Statement of Program Service Accompli					
_	Check if the organization used Schedule O					Expenses
\//h	at is the organization's primary exempt purpose? SEE SCH				(Re	quired for section
					501	(c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for			,	orga	anizations; optional for
	measured by expenses. In a clear and concise manner, descr		led, the number of		othe	ers.)
-	sons benefited, and other relevant information for each progra	am title.				
28	SEE SCHEDULE O					
	(Grants \$ 130,898 ) If this amo	unt includes foreign gra	ints, check here .		28a	108,445
29						
	(Grants \$) If this amo	unt includes foreign gra	ints, check here		29a	1
30	· · · · · · · · · · · · · · · · · · ·					
	(Grants \$ ) If this amo	unt includes foreign gra	ints. check here		30a	1
31	Other program services (describe in Schedule O)					
•.		unt includes foreign gra		_	31a	
32	Total program service expenses (add lines 28a through 3				32	
	art IV List of Officers, Directors, Trustees, and Key					
•	Check if the organization used Schedule O to res					· _
	Check in the organization used Schedule O to res				<u> </u>	•••••
		(b) Average	(c) Reportable compensation	<ul> <li>(d) Health benefits, contributions to employe</li> </ul>	e	(e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		other compensation
			(if not paid, enter -0-)	deferred compensation		
	EPHEN ORTON					
	RECTOR	1.00	0	C	)	0
	E SIMOPOULOS					
CH	AIR	5.00	0	C		0
TH	OMAS MCQUISTON					
TR	EASURER	30.00	0	C	)	0
KE	VIN HICKS					
DI	RECTOR	1.00	0	C	)	0
JA	NET JACOBS					
ΕX	ECUTIVE DIRECTOR	25.00	35,883	C	)	0
					+	
					_	
					_	
		1			1	

Form 9	190-EZ (2019) REINTEGRATION SUPPORT NETWORK, INC. 46-2369	263	P	Page 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.	35b		
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice,	555		<u> </u>
U	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		v
26		350		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	200		
07 -	during the year? If "Yes," complete applicable parts of Schedule N.	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		
	Did the organization file Form 1120-POL for this year?	37b		x
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed			<u> </u>
42 a	The organization's books are in care of <b>THOMAS MCQUISTON</b> Telephone no. <b>919-2</b>	60-7	835	
	Located at ► 117 W MAIN ST, CARRBORO, NC ZIP + 4 ► 27510			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		x
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
Ŭ	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.		•	
-10	and enter the amount of tax-exempt interest received or accrued during the tax year.	•••	•••	
			Yes	No
11 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	No
44 d		44-		v
	completed instead of Form 990-EZ.	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		x
	Did the organization receive any payments for indoor tanning services during the year?	44c		x
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		х

Form 9	990-EZ (20 <sup>-</sup>	19) REINTEGRATION SU	PPORT NETWORK,	INC.		46-236	9263	F	Page 4
46	Did the	organization engage, directly or indirectly, in	political campaign activi	ties on behalf of or in op	position			Yes	No
	to cand	lidates for public office? If "Yes," complete S	chedule C, Part I		·		. 46		x
Par		Section 501(c)(3) Organizations ( All section 501(c)(3) organizations 50 and 51.	must answer questi						;
		Check if the organization used Sch	edule O to respond	to any question in t	his Part VI				· 🗌
47		organization engage in lobbying activities or						Yes	No
40		f "Yes," complete Schedule C, Part II rganization a school as described in section							X
48 49a		organization a school as described in section organization make any transfers to an exem							x
		" was the related organization a section 527							
50		te this table for the organization's five highest	0					1	
	employ	ees) who each received more than \$100,000	of compensation from th	e organization. If there is	s none, enter "Nor	ne."			
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficontributions to em benefit plans, and de compensation	ployee eferred	(e) Estimate other co		
NONE	3								
51	Comple \$100,00	umber of other employees paid over \$100,00 te this table for the organization's five highest 00 of compensation from the organization. If Name and business address of each independent contract	t compensated independent there is none, enter "Non				Compensatio	n	
NONE	Ξ								
	Total m								
u 52		umber of other independent contractors each organization complete Schedule A? <b>Note:</b>	<b>u</b>						
	comple	ted Schedule A				🕨	X Yes		No
Under	penalties	s of perjury, I declare that I have examined this retu	Irn, including accompanying	schedules and statements,	and to the best of m	ny knowledge	e and belie	f, it is	
true, c	correct, ar	nd complete. Declaration of preparer (other than of	fficer) is based on all informa	ation of which preparer has a	any knowledge.				
Sigr	n	THOMAS MCQUISTON Signature of officer			Date				
Here		THOMAS MCQUISTON, TREASUR	ER						
		Type or print name and title							
- ·			reparer's signature	7. aremi Date	Check		PTIN		
Paic		Lori A Aveni		03-31-20		· · ·	P017212	281	
-	oarer Only	Firm's name  Lori Aveni CPA P			Firm's EIN				
036	Uniy	Firm's address  115 Salem Towne Apex NC 27502			Phone no.	919-30	8-2470	)	
May t	the IRS	discuss this return with the preparer shown a	bove? See instructions		••••••	<u> </u>	X Yes	_	No
EEA		· · ·			-		Form 99		(2019)

				Public Chari	ity Status and F	Public 9	Sunnor	+	OMB No. 1545-0047
SC	HEC	DULE A			501(c)(3) organization or a				τ. <b>2019</b>
(For	m 99	0 or 990-EZ)	complete il the organ		ch to Form 990 or Form		947 (a)(1) 1101	lexempt chantable trus	Open to Public
		of the Treasury renue Service	•		ov/Form990 for instruct		the latest i	nformation.	Inspection
		e organization						Employer identificati	•
REI	NTE	GRATION SU	PPORT NETWORK,	INC.				46-2369263	3
_	rt I				ganizations must co	omplete	this part.		
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.	)		
1		A church, conv	vention of churches, or	association of chu	urches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in <b>section 170(b</b>	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3		A hospital or a	cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(iii).		
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the					1)(A)(iii). Enter the				
		hospital's name	e, city, and state:						
5		An organizatio	n operated for the bene	efit of a college or ι	university owned or opera	ated by a g	jovernmenta	al unit described in	
	_	section 170(b	)(1)(A)(iv). (Complete	Part II.)					
6	Ц		•	•	init described in section				
7	Х	•	•		t of its support from a gov	/ernmental	unit or from	the general public	
_			ection 170(b)(1)(A)(vi						
8	Ц		rust described in <b>secti</b>						
9					ion 170(b)(1)(A)(ix) ope				le
			a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, cii	ly, and state	e of the college or	
10		university:	n that normally receive	s: (1) more than 22	3 1/3% of its support from	contributi	one momb	rehip food and groce	
10		•	•	. ,	subject to certain exception				
				•	siness taxable income (le		,		
		•			section 509(a)(2). (Com		,		
11	Π		•		test for public safety. Se		,		
12		•	•	•	the benefit of, to perform			carry out the purposes	
		of one or more	publicly supported or	ganizations describ	bed in section 509(a)(1)	or sectior	n 509(a)(2).	See section 509(a)(3	3).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd complete	e lines 12e, 12f, and 12	2g.
	а	Type I. As	supporting organization	n operated, superv	rised, or controlled by its	supported	organizatio	on(s), typically by givir	Ig
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	ity of the d	lirectors or	trustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b	<b>Type II.</b> A	supporting organization	on supervised or co	ontrolled in connection w	ith its supp	orted organ	nization(s), by having	
			•		on vested in the same pe	rsons that o	control or m	anage the supported	
			on(s). You must comp						
	С				anization operated in cor				th,
					u must complete Part I				- ( - )
	d	- ••			g organization operated i				n(S)
					generally must satisfy a d e Part IV, Sections A ar			and an allentiveness	
	е			-	determination from the IF				
	C		-		ntegrated supporting orga		a Type I, I	ype II, Type III	
	f		• • •	•	· · · · · · · · · · · · · · · · · · ·				
	g		owing information abo						
		i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
			•		(described on lines 1-10	listed in you		support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
(A)									
~~)									
(B)									
(C)									

(D)

(E)

Sche		TION SUPPOR				46-236926	
Pa	ITT II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of I	Part I or if the	organization	failed to quali	fy under
	Part III. If the organization fails to	o qualify under	r the tests list	ted below, ple	ease complete	e Part III.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	19,886	89,993	65,266	73,483	131,898	380,526
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	19,886	89,993	65,266	73,483	131,898	380,526
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)						159,776
6	Public support. Subtract line 5 from line 4						220,750
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	19,886	89,993	65,266	73,483	131,898	380,526
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						380,526
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or	rganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)	(3)
	organization, check this box and stop here						<u></u> ►□
	ction C. Computation of Public Suppor	rt Percentage	•				
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	ed by line 11, c	olumn (f))	•••••	14	58.01 %
	Public support percentage from 2018 Sched					15	%
16a	33 1/3% support test - 2019. If the organization	ation did not che	eck the box on	line 13, and lin	ne 14 is 33 1/39	% or more, cheo	ck this
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organiza	ation did not che	eck a box on lii	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more,	check
	this box and stop here. The organization qu	alifies as a pub	licly supported	l organization .	•••••		· · · ► □
17a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets t	the "facts-and-c	ircumstances"	test, check thi	s box and <b>sto</b>	<b>o here.</b> Explain	in
	Part VI how the organization meets the "facts	s-and-circumsta	ances" test. Th	e organization	qualifies as a	publicly support	ed
	organization						· · · ► 🗌
k	0 10%-facts-and-circumstances test - 2018.	If the organization	tion did not ch	eck a box on lir	ne 13, 16a, 16l	b, or 17a, and lii	ne
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet	ts the "facts-and	d-circumstance	es" test. The or	ganization qua	lifies as a public	cly
	supported organization						► 🗌
18	Private foundation. If the organization did n	not check a box	on line 13, 16	a, 16b, 17a, or	17b, check thi	s box and see	_
	instructions		•••••				<u></u> ► []

Sche			RT NETWORK,			46-236	9263 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	inization failed	to qualify	under Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part I	l.)	
See	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
F	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support						
_	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	() _0.10	() = 0.10	(0) =011	(4) =0.0	(0) _0.0	(1) 1 0 10.
	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
h	Unrelated business taxable income (less						
D							
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	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 five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as a	a section 50 <sup>-</sup>	1(c)(3)
	organization, check this box and stop here						
See	ction C. Computation of Public Suppor	t Percentad	е				
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
16	Public support percentage from 2018 Sched		-			16	% %
	ction D. Computation of Investment Inc					10	
17	Investment income percentage for 2019 (line			ine 13 column	(f))	17	%
18	Investment income percentage for <b>2019</b> (inter-		•••			18	%
	<b>33 1/3% support tests - 2019.</b> If the organiz						
199							
L	17 is not more than 33 1/3%, check this box						
a	<b>33 1/3% support tests - 2018.</b> If the organiz						
~~	line 18 is not more than 33 1/3%, check this	-	-	-			-
20	Private foundation. If the organization did n	IUL CHECK A DO	x on line 14, 19	9a, or 19D, Che	CK THIS DOX AND	see instruct	uons 🕨 📋

	e A (Form 990 or 990-EZ) 2019       REINTEGRATION SUPPORT NETWORK, INC.       46-23692         IV       Supporting Organizations	263	Р	age 4
an		Santia	~~ ^	
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c		;	
1	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art v.)		
ect	ion A. All Supporting Organizations		<b>V</b>	NI -
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	2		
2	organization was described in section $509(a)(1)$ or (2).	2		
3a		20		
	(b) and (c) below.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If	-		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
5	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.	6		
,	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).	7		
3	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).	8		
а	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.	9a		
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.	9b		
С	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.	9с		
)a	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 10b below.	10a		
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.)	10b		
4	Schedule A			-

Schedu	Ile A (Form 990 or 990-EZ) 2019 REINTEGRATION SUPPORT NETWORK, INC. 46-236926	3	P	age 5
Par	t IV Supporting Organizations (continued)			
			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the 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			
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
<b>Sec</b>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	NI -
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

# Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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).	•		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D 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 government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) 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 (a) 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 (a) and (b) 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? *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.*

2a

2b

3a

Yes

No

		9263 Page
		in in Dort \/I\ See
	(A) Prior Year	(B) Current Yea (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Yea (optional)
1a		
1b		
1c		
1d		
2		
4		
5		
6		
7		
8		
		Current Year
1		
4		
6		
	ted Type III supporting	organization (see
	trust or zations 1 2 3 4 5 6 7 8 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 8 7 7 7 7 7 8 7 7 7 7 7 8 7 7 7 7 7 8 7 7 7 7 7 7 7 7 7 7 7 7 7	1         2         3         4         5         6         7         8         (A) Prior Year         1a         1b         1c         1d         2         3         4         5         6         7         8         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3         4         5         1         2         3         4         5         3         4         5         6         7         8

Schedule A (Form 990 or 990-EZ) 2019

	ILE A (Form 990 or 990-EZ) 2019 REINTEGRATION SUPPORT NET		46-236	9263 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	zations (continued)	
Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e Applied to underdistributions of prior years			
	Applied to 2019 distributions of phot years			
— <u>i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018 Excess from 2019			
	Excess from 2019		0-1	ulo A (Earm 000 cr 000 E7) 0010
EEA			Schedi	ule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions of 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. OMB No. 1545-0047

g

Open to Public Inspection

Employer identification number

46-2369263

#### Department of the Treasury Internal Revenue Service Name of the organization

### REINTEGRATION SUPPORT NETWORK, INC.

#### 01. General explanation attachment

THE BOARD OF DIRECTORS VOTED ON MAY 16, 2019 TO CHANGE THE NAME OF THE ORGANIZATION FROM

YOUTH COMMUNITY PROJECT TO REINTEGRATION SUPPORT NETWORK, INC. EVIDENCE TO SUPPORT THIS

CHANGE WAS PROVIDED WITH FORM 990EZ FOR THE FISCAL YEAR ENDING DECEMBER 31, 2018.

#### 02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT	
OFFICE SUPPLIES	192	
WEBSITE HOSTING AND DOMAIN FEES	30	
OFFICE EXPENSE	6	
REFRESHMENTS	45	
LIABILITY INSURANCE	1,569	
WORKERS COMPENSATION INSURANCE	899	
DUES AND SUBSCRIPTIONS	782	
LICENSES AND FEES	77	
STAFF TRAINING AND DEVELOPMENT	110	
MENTOR PROGRAM TRAINING FEE	1,100	
PAYROLL PROCESSING FEES	682	

# 03. Part III, response or note to any other line in Part III

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE REINTEGRATION SUPPORT NETWORK PROVIDES YOUTH WITH A SENSE OF BELONGING AND THE SKILLS

AND CAPACITIES FOR SELF-ADVOCACY, HEALTHY RELATIONSHIPS, AND POSITIVE ENGAGEMENT IN THE

COMMUNITY. RSN SERVES YOUTH 14 TO 18+ WHO ARE IN RECOVERY FROM SUBSTANCE USE DISORDER

of the organization NTEGRATION SUPPORT NETWORK, INC. /OR ARE RECEIVING SERVICES FOR MENTAL HEALTH ISSUES AND/OR COURT INVOI RSN'S WORK CONTRIBUTES TO ENDING THE SCHOOL-TO-PRISON PIPELINE. STATE VICE ACCOMPLISHMENTS NTEGRATION SUPPORT NETWORK (RSN) - THROUGH ITS MENTOR PROGRAM, YOUTH E UPS, COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUT ITIVE RELATIONSHIPS WITH THEIR FAMILIES, PEERS, TEACHERS AND OTHERS WI	EMENT OF PROGRAM
RSN'S WORK CONTRIBUTES TO ENDING THE SCHOOL-TO-PRISON PIPELINE. STATE VICE ACCOMPLISHMENTS NTEGRATION SUPPORT NETWORK (RSN) - THROUGH ITS MENTOR PROGRAM, YOUTH F UPS, COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUT	EMENT OF PROGRAM
RSN'S WORK CONTRIBUTES TO ENDING THE SCHOOL-TO-PRISON PIPELINE. STATE VICE ACCOMPLISHMENTS NTEGRATION SUPPORT NETWORK (RSN) - THROUGH ITS MENTOR PROGRAM, YOUTH F UPS, COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUT	EMENT OF PROGRAM
VICE ACCOMPLISHMENTS NTEGRATION SUPPORT NETWORK (RSN) - THROUGH ITS MENTOR PROGRAM, YOUTH E UPS, COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUT	
NTEGRATION SUPPORT NETWORK (RSN) - THROUGH ITS MENTOR PROGRAM, YOUTH F UPS, COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUT	PEER SUPPORT
UPS, COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUT	PEER SUPPORT
UPS, COMMUNITY-BASED PARTNERSHIPS AND RESOURCE NETWORK, RSN HELPS YOUT	PEER SUPPORT
TTIVE RELATIONSHIDS WITH THEIR FAMILIES DEERS TEACHERS AND OTHERS WI	TH DEVELOP
	ITHIN THEIR
MUNITY. RSN STAFF AND PEER SUPPORT MENTORS ENGAGE IN PROMOTING TRUST A	AND
F-ACCEPTANCE WITH YOUTH PARTICIPANTS BY ADVOCATING FOR YOUTH, COORDINA	ATING WITH
STING SERVICE PROVIDERS, AND LINKING YOUTH WITH COMMUNITY RESOURCES, T	THEREBY INCREASING
CHANCES OF A PARTICIPANT'S SUCCESSFUL REINTEGRATION. RSN RECEIVES REF	FERRALS FROM
OOLS, TREATMENT PROGRAMS, COMMUNITY PARTNERS, FAMILY MEMBERS AND THE J	JUSTICE SYSTEM.