

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)**

- ▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.**
- ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No. 1545-1150

2019**Open to Public Inspection****A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
RESILIENT ACTIVIST INCNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
15 W 108th TerrCity or town, state or province, country, and ZIP or foreign postal code
Kansas City, MO64114**D** Employer identification number

82-4982519

E Telephone number

(816) 919-3311

F Group Exemption Number. ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.theresilientactivist.org**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **4,936****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,822
	2	Program service revenue including government fees and contracts	2	114
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events.	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	4,936
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	0
12		Salaries, other compensation, and employee benefits	12	0
13		Professional fees and other payments to independent contractors	13	1,229
14		Occupancy, rent, utilities, and maintenance	14	0
15		Printing, publications, postage, and shipping	15	753
16		Other expenses (describe in Schedule O)	16	2,490
17		Total expenses. Add lines 10 through 16 ▶	17	4,472
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	464
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	501
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	965

For Paperwork Reduction Act Notice, see the separate instructions.Cat. No. 106421 Form **990-EZ** (2019)

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Page **2****Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	501	22 965
23 Land and buildings.	0	23 0
24 Other assets (describe in Schedule O).	0	24 0
25 Total assets.	501	25 965
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	501	27 965

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? "Resilience for Environmental Stewards": The Resilient Activist offers support for those who are fearful, anxious, fatigued or overwhelmed about climate disruption and environmental devastation. We provide community-building and resilience tools with additional programs specially designed for environmental activists.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 To provide resilience tools for environmental stewards, we have developed events, workshops, and online content that explores the concept of "Ecological Angst: Building Resilience". Our programs combine trauma and resilience training, meditation, and a deep connection to nature. We offer ongoing community gatherings including our monthly Climate Conversations, meditation, and workshop intensives to provide stress-management and resilience tools and environmental education, in-person as well as online. In 2019, we offered 23 hours of our Ecological Angst programming to 235 participants at 16 separate events. This content and programming are developed and presented by local professionals in trauma and resilience training, yoga, meditation, and stress-management via time spent in nature, as in-kind contributions to our organization totaling: \$6,570

(Grants \$ 0) If this amount includes foreign grants, check here ☐

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a 0

29 One aspect of building resilience for environmental stewards is to know that the choices they make will support a healthy, sustainable earth. To this end, we presented a three-part program at Central Exchange entitled, "Business for Good" on the importance of sustainable initiatives in business. Participants learned ways to enhance the environmental impact of their businesses, received access to local and national resources for support to reduce energy emissions and to procure environmentally-friendly products, and helped them create an inspired personal plan to implement their own green initiatives. 4.5 hours presentation time, 90 Participants; Funded by in-kind donations for program development, workbook, and presentations totaling: \$3,600

(Grants \$ 0) If this amount includes foreign grants, check here ☐

29a 0

30 Initial design and creation of a new group as part of our business for good programming to inspire residential interior designers who want to step up to more environmentally sustainable design practices. Our "Pebble Interiors: Purpose-Driven, Green Design" program began development 4th quarter of 2019; the first program is scheduled to occur in 2020. In-kind hours were donated by a team of seven interior designers and environmental stewards to devise a program that will assist those in the design field to provide more environmentally-safe products and services to their clients. Funded by in-kind donations totaling \$5,640

(Grants \$ 0) If this amount includes foreign grants, check here ☐

30a 0

Community outreach and speakers bureau. In addition to programs listed in Part III above, we presented resilience tools and green living tips to 401 participants in 16 events totaling 17.25 presentation hours. Content development, material creation, and presentations were provided through in-kind donations totaling: \$2,880.

(Grants \$ 0) If this amount includes foreign grants, check here ☐

31a 0

32 Total program service expenses (add lines 28a through 31a) **32** 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sami Aaron Board Chair, Treasurer	0	0	0	0
Mary Howe Board Secretary	0	0	0	0
Beth Sarver Vice Chair	0	0	0	0

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in theinstructions 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	No
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	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	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 return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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	No
c	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 ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	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	No
41	List the states with which a copy of this return is filed. ▶ MO		
42a	The organization's books are in care of ▶ Sami Aaron Telephone no. ▶ (913) 915-1971 Located at ▶ 15 W 108th Terr Kansas City, MO ZIP + 4 ▶ 64114		
b	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)?	42b	No
	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 U.S.?	42c	No
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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	No

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	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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 Here	Signature of officer		2020-04-29	
	Sami Aaron Board Chair		Date	
Paid Preparer Use Only	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶		Firm's EIN ▶	
	Firm's address ▶		Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 82-4982519
Name: RESILIENT ACTIVIST INC

Form 990-EZ, Special Condition Description:

Special Condition Description
