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Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning $OCT~1$ , $2019$ and ending	SEP 30, 2020	
B c	heck if pplicable:	C Name of organization	D Employer identif	ication number
	Address	RESULTS, INC.		
	Name	Doing business as	52-14110	139
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/st	ite E Telephone numbe	er
	Final return/	1101 15TH STREET NW	202-783-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	215,920.
	Amende return	WASHINGTON, DC 20005	H(a) Is this a group	return
	Application	F Name and address of principal officer: O CARTER		s? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
		mpt states: (-/(-) (-/(-/(-) (-/(-/(-) (-/(-/(-) (-/(-/(-) (-/(-/(-) (-/(-/(-) (-/(-/(-) (-/(-/() (-/(-/(-/(/() (-/(/() (-/(-/(-/(/() (-/(/() (-/(/() (-/(-/() (-/(/() (-/(-/() (-/(/() (-/(-/() (-/(-/() (-/(-/() (-/(-/() (-/(-/() (-/(-/() (-/(-/() (-/(-/() (-/(		a list. (see instructions)
		RESULTS.ORG	H(c) Group exemption	
<b>PERSONAL</b>			ear of formation: 1986	M State of legal domicile; DC
Pa	art I	Summary	אדתד זאמ שעת ש	מת דדדע זגי
ce	1 E	Briefly describe the organization's mission or most significant activities: TO CREAT END HUNGER AND THE WORST ASPECTS OF POVERTY	AND TO EMPOWE	PR WILL TO
nan				
Activities & Governance		Check this box  if the organization discontinued its operations or disposed of number of voting members of the governing body (Part VI, line 1a)		1 7 4
8	1	Number of voting members of the governing body (Part VI, line 1a)		1.0
లర బ		otal number of individuals employed in calendar year 2019 (Part V, line 1a)		
itie		otal number of volunteers (estimate if necessary)		
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12		
Ä	1	Net unrelated business taxable income from Form 990-T, line 39		
			Prior Year	Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	166,943	
	1	Program service revenue (Part VIII, line 2g)	7,155	
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	854	
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-,
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,952	
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
68		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,570	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0	0.
xb	b	Total fundraising expenses (Part IX, column (D), line 25)	35,586	26,998.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	85,156	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	89,796	
or		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
its o	200	Total secate (Dest V. line 16)	180,633	
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	95,113	
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20	85,520	
P	art II	Signature Block		
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		
-		the 1/2		16 2021
Sig	ın	Signature of officer	Date	
He	re	MARK BUTLER, CFO/COO		
		Type or print name and title	I Date	T. O. DTIN
		Print/Type preparer's name Preparer's signature	Date Check if	PTIN
Pai		TINA PEACHER	self-emp	
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.	Firm's EIN	52-1853933
Use	e Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SUIT	Dhanana A	10-884-0220
		COLUMBIA, MD 21044	Priorie 10.4	X Yes No
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		651 140

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO CREATE THE POLITICAL WILL TO END HUNGER AND THE WORST ASPECTS OF
	POVERTY AND TO EMPOWER INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING
	THEIR PERSONAL AND POLITICAL POWER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	LEGISLATIVE ACTION TO END POVERTY - RESULTS, INC., PUSHES FOR SPECIFIC
	POLICIES AND LEGISLATION TO ADDRESS POVERTY IN THE UNITED STATES AND
	AROUND THE WORLD. THIS INCLUDES WORKING DIRECTLY WITH CONGRESS AND
	OTHER U.S. POLICYMAKERS TO SHAPE AND ADVANCE POLICIES, AS WELL AS
	SUPPORTING GRASSROOTS ADVOCATES TO LOBBY THEIR ELECTED OFFICIALS ON
	HEALTH, EDUCATION, AND ECONOMIC OPPORTUNITY.
4b	(Code:) (Expenses \$
4c	(Code:         ) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses   8,213.

Form **990** (2019)

RESULTS, INC.

# Form 990 (2019) RESULTS, INC 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)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ <sub>3,7</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>₩</b>
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Па		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			ا ۔۔
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19		40		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	got of the original or			

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24 a	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			۱
	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,5
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	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		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
JU	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	J 00		
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contours Contains a response of note to any line in this fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
	(A)			

# Form 990 (2019) RESULTS, INC. Part 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Company of the second	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	· · ·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<b>C</b> -	х	
h	any contributions that were not tax deductible as charitable contributions?		6a	21	
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	-	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	·	7c		
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 co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained l	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
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	10a			
a b		10b			
11	Section 501(c)(12) organizations. Enter:	100			
		11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	-			
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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		
	<b>Note:</b> 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				
		13b			
		13c	44		v
	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? If "No," provide an explanation on Schedule to the against the payment of the pay		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		Х
	excess parachute payment(s) during the year?		15		
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	income?	10		
	11 100, Complete Form 4720, Contendie C.		F	000	(0040

RESULTS, INC. Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , , ,		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 chapters, affiliates,			
	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 before 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	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 independent			
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , AR , CO , CT , DC , FL , GA , HI	,IL	,KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.	,	,	-
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	statements available to the public during the tax year.	iui	141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARK BUTLER - 202-783-4800			
	1101 15TH STREET NW, WASHINGTON, DC 20005			
	CEE COURNITE O FOR FILL I TOM OF CHAMPS	Fax:-:	000	(0040

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Form 990 (2019) RESULTS, INC. 52-1411039 Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SAM DALEY-HARRIS	2.00	х		v				0.	05 451	12 001
FOUNDER/DIRECTOR	3.00 1.00	Δ.		Х	<u> </u>			0.	95,451.	12,981.
(2) KUL GAUTAM	3.00	Х		х				0.	0.	0.
CHAIR (3) JAN TWOMBLY	1.00	Δ		Λ	$\vdash$			0.	0.	<u> </u>
TREASURER	3.00	Х		х				0.	0.	0.
(4) QIANA TORREGANO	1.00							0.	0.	
SECRETARY	3.00	х		х				0.	2,200.	0.
(5) SCOTT LECKMAN, M.D.	1.00								2,200.	
DIRECTOR	3.00	x						0.	0.	0.
(6) ERNEST LEOVINSOHN	1.00									
DIRECTOR	3.00	х						0.	0.	0.
(7) MARIAN WRIGHT EDELMAN	1.00							-		
DIRECTOR	3.00	х						0.	0.	0.
(8) S. ASHISH BALI	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(9) ROGER HUDSON	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(10) PROF. MUHAMMAD YUNUS	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(11) LILY CALLOWAY	1.00									
DIRECTOR AS OF JUNE 2020	3.00	Х						0.	0.	0.
(12) LINDSEY K. SAUNDERS	1.00							_	_	_
DIRECTOR AS OF JUNE 2020	3.00	Х						0.	0.	0.
(13) MAXINE THOMAS	1.00									_
DIRECTOR	3.00	Х			<u>_</u>			0.	4,920.	0.
(14) PANKAJ AGARWAL	1.00									•
DIRECTOR	3.00	Х			<u> </u>			0.	0.	0.
(15) STEVEN MCGEE	1.00	,,								_
DIRECTOR UNTIL JUNE 2020	3.00	X			$\vdash$	<u> </u>		0.	0.	0.
(16) WILLIAM DICKERSON	1.00	Į							_	^
DIRECTOR UNTIL JUNE 2020	3.00 2.00	Δ.			<u> </u>	$\vdash$	_	0.	0.	0.
(17) MARK BUTLER	38.00	ŀ		х				0.	138,698.	23,523.
CFO/COO	1 20.00			Λ	Щ			1 0.	130,030.	23,323.

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Part VII Section A. Officers, Directors, Trus		ploy	/ees			ghe	st C			<del></del>		<i>(=</i> `	
(A)	(B) Average			)) Pos	C) ition	1		(D)	(E)		_	(F)	
Name and title	hours per		not c	heck	more	than		Reportable compensation	Reportable compensation			stimate nount	
	week		cer an					from	from related			other	
	(list any	ector						the	organization			pensa	
	hours for related	or dir	98			ated		organization	(W-2/1099-MIS	SC)		om th	
	organizations	rustee	l trust		ee	mpen		(W-2/1099-MISC)			•	anizat d relat	
	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensate employee	er					anizat	
	line)	Indiv	Instit	Officer	Key e	High emp	Бот						
(18) JOANNE CARTER	6.00			l					150 0	,,			٥-
EXECUTIVE DIRECTOR	34.00			Х				0.	173,0	91.	1	9,4	25.
		-											
										$\longrightarrow$			
		ł											
		1											
										$\neg$			
		_											
										$\longrightarrow$			
										$\dashv$			
		1											
1b Subtotal			<u> </u>		<u> </u>	<u> </u>	<b>•</b>	0.	414,3	60.	5	5,9	29.
c Total from continuation sheets to Part V								0.	•	0.			0.
d Total (add lines 1b and 1c)								0.	414,3	60.	5	5,9	29.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportab	le			
compensation from the organization													0
										r		Yes	No
3 Did the organization list any <b>former</b> officer,	,	,	,	•	,	,	_		,				Х
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su								har companation from		·····	3		Λ
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	the organization	- 1	4	Х	
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com					•						5		Х
Section B. Independent Contractors	•				•								
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	/ear.				
<b>(A)</b> Name and business	addraga	B.T.	<b>∩</b> NTT	-				<b>(B)</b> Description of s	ondoo	0	Ompe)	) poetie	n
Ivalle and business	auuress	1//	INC	3			_	Description of s	ervices		Jilipe	iisalic	,, i
O Tatal growth an afting 1	and the street of the			-1.4				d ata awa Nasta	41				
2 Total number of independent contractors (i \$100,000 of compensation from the organi		iot II	mite	u 10		se lis 0	stec	a abovej wno received n	iore trian				
	Zation -										Form	990	2019)
													,-)

932008 01-20-20

Form 990 (2019) RESULTS, INC.

Par	t V	/III Statement of Revenue						<u> </u>
		Check if Schedule O contains a	response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contributions)</li> <li>f All other contributions, gifts, grants, and similar amounts not included above</li> <li>g Noncash contributions included in lines 1a-1f</li> <li>h Total. Add lines 1a-1f</li> </ul>	1f 1g \$	72,622. 139,157.	211,779.			
	2 :			Business Code				
Program Service Revenue	•	c						
P.		f All other program service revenue g Total. Add lines 2a-2f						
	3	Investment income (including divide other similar amounts)  Income from investment of tax-exer		▶	241.			241
	5	Royalties	-	ŀ				
	I •	a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss)						
	7 :	a Gross amount from sales of assets other than inventory 7a (i) S	Securities	(ii) Other				
Revenue	(	b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss)		<b>&gt;</b>				
Other	8 6	a Gross income from fundraising events (including \$ 72,622 contributions reported on line 1c). S Part IV, line 18	not _ of See	3,900.				
	•	<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from fundraisin</li></ul>	g events	0.	3,900.			3,900
	ı	<ul> <li>a Gross income from gaming activitie</li> <li>Part IV, line 19</li> <li>Less: direct expenses</li> </ul>	9a 9b					
	10 a	<ul> <li>c Net income or (loss) from gaming at</li> <li>a Gross sales of inventory, less return and allowances</li> <li>b Less: cost of goods sold</li> </ul>	10a					
$\dashv$		c Net income or (loss) from sales of in	iventory	Business Code				
Miscellaneous Revenue	11 :	a		Dusiness Code				
ane	_	b						
Sell WK	(	с						
Zig.	(	d All other revenue						
		T						

12 To

215,920.

Total revenue. See instructions

Form 990 (2019)

RESULTS, INC.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	LOTAL OVIDADEDE			(D)
ib, ob, and rob or rare vin.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
· ·				
, , ,				
<del>_</del>				
-				
	41 010	2 (7)	20 005	C 111
	41,012.	3,0/0.	30,895.	6,441
,				
· · · · · · · · · · · · · · · · · · ·	6 207	EE0	1 727	1 010
				1,012 529
	3,311.	491.	4,400.	549
-				
	10 657		10 657	
	10,037.		10,037.	
<del>_</del>				
,	1 024		1 024	
	1,024.		1,024.	
	5 004		2 /11	1,593
	3,004.		3,411.	1,393
	3 707	332	2 703	582
	3,707•	332•	2,193.	
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	380		380	
	300•		300.	
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A)				
	3 350	3 350		
		3,330.	2.876	
	2,070•		2,070	
All other expenses				
· — — — — —	77 618	8 213	59.248.	10,157
	. , , 0 ± 0 •	5,215	33,240	
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on tovered above (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS LICENSES, TAXES AND FEE	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and 403(h) employer contributions) Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions) Other employee benefits  Payroll taxes  Fees for services (nonemployees):  Management Legal Accounting  Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses  Total functional expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not schedule 0.)  DUES AND SUBSCRIPTIONS LICENSES, TAXES AND FEE  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Pressional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Payments to affiliates Pepreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on tovered above (List miscellareous expenses on line 24e. If line 24e and the expenses on Scholubra (Stribus) and promotion All other expenses. Itemize expenses on tovered above (List miscellareous expenses on line 24e. If line 24e and the exceets 10% of line 25, column (A) amount, list line 24e expenses on Scholubra (D) DUES AND SUBSCRIPTIONS LICENSES, TAXES AND FEE  All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above to disqualified persons (as defined under section 4958(c)(3)(8)  Other salaries and wages  Pension plan accrusia and contributions (include section 4958(c)(3)(8)  Other employee benefits  Payroll taxes  See for services (nonemployees):  Management Legal  Accounting  10,657.  10,657.  10,657.  10,657.  Accounting  10,657.  10,657.  Accounting  10,657.  10,657.  Advertising and promotion  Office expenses  Other (Iffine flig amount exceeds 10% of line 25, column (A) amount, list line 19 expenses on Sh. 0).  Advertising and promotion  Office expenses  Conterpose, conventions, and meetings interest  Payments of travel or entertainment expenses Payments of travel or entertainment expenses  Payments to affiliates  Depreciation, depletion, and amortization interest  Payments to affiliates  Depreciation, depletion, and amortization  Dinsurance  380.  380.  380.  380.  380.  380.  All other expenses.  All other expenses. Add lines 1 through 24e  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) plint tosts from a combined

art	X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			157,697.	1	290,153
	2	Savings and temporary cash investments				2	23,015
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ribed in s	section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	10	0		10c	
1	11	Investments - publicly traded securities				11	
1	2	Investments - other securities. See Part IV, li				12	
1	13	Investments - program-related. See Part IV, I		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11				15	
1	16	Total assets. Add lines 1 through 15 (must e			180,633.	16	313,168
1	7	Accounts payable and accrued expenses			1,320.	17	1,663
1	18	Grants payable	2 5 6	18			
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple				21	
2	22	Loans and other payables to any current or	former o	fficer, director,			
2		trustee, key employee, creator or founder, so	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of	these pe	ersons		22	
2	23	Secured mortgages and notes payable to ur	related	third parties		23	
2	24	Unsecured notes and loans payable to unrel	lated thi	d parties		24	
2	25	Other liabilities (including federal income tax	, payabl	es to related third			
		parties, and other liabilities not included on I	ines 17-	24). Complete Part X			
		of Schedule D			90,067.	25	87,710
2	26	Total liabilities. Add lines 17 through 25			95,113.	26	89,373
		Organizations that follow FASB ASC 958,	check h	ere ▶ X			
		and complete lines 27, 28, 32, and 33.					
2	27	Net assets without donor restrictions			85,520.	27	223,795
2	28	Net assets with donor restrictions		<u></u>		28	
		Organizations that do not follow FASB AS	C 958, d	check here 🕨 📖			
		and complete lines 29 through 33.					
2 2 3 3 3 3	29	Capital stock or trust principal, or current fur	nds			29	
3	80	Paid-in or capital surplus, or land, building, or	r equipr	nent fund		30	
3	31	Retained earnings, endowment, accumulate	d incom	e, or other funds		31	
3	32	Total net assets or fund balances			85,520.	32	223,795
3	33	Total liabilities and net assets/fund balances				33	313,168

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			20.
2	Total expenses (must equal Part IX, column (A), line 25)	2			18.
3	Revenue less expenses. Subtract line 2 from line 1	3			02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	5,5	20.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-	27.
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	22	3,7	<u>95.</u>
Pa	rt XIII Financial Statements and Reporting				
	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	Ο.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

2019

**Employer identification number** 

RE	ESULTS, INC.	52-1411039				
Organization type (check o	one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $4$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
General Rule  X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	g \$5,000 or more (in money or				
Special Rules						
sections 509(a)(1) any one contributo	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.					
year, total contribu	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, 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, dury year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{\text{\$\subset}}{\text{\$\subseteq}} \frac{\text{\$\subseteq}}{\text{\$\subseteq}} \f						

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

52-1411039

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 2	Name, address, and ZIP + 4	\$11,200.	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		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4		Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training additions and a little		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

52-1411039 RESULTS, INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d)

923453 11-06-19

from

Part I

FMV (or estimate)

(See instructions.)

Description of noncash property given

Date received

**Employer identification number** 

Name of organization

52-1411039 RESULTS, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESULTS TNC. **Employer identification number** 52-1411039

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		2 311 4 312
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) — Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
I al	Complete if the organization answered "Yes" on Form		nei olilliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ud halanga ahaat warka
ıa	of art, historical treasures, or other similar assets held for pul	,	
	service, provide in Part XIII the text of the footnote to its fina	, ,	'
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	s exhibition, education, or research in further	statice of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	·	gain, provido
а	Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

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

_	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, or O	ther	Simila	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the	following that mal	ke sign	ificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	<u>    </u>   Lo	an or exc	hange program					
b	Scholarly research	е	Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organization's	exemp	t purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, histo	orical trea	sures, or other sin	nilar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	:he organiz	zation's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatio	on answered "Yes"	on Fo	rm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ntribution	ns or other assets	not inc	luded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
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	orm 990, Part X, line	21, for es	crow or c	ustodial account li	ability'	 ?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
		(a) Current year	(b) Pric		(c) Two years bac		Three y	ears back	(e) Four	years back
1a	Beginning of year balance	, ,								
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a	column (	a)) held as:					
– a	Board designated or quasi-endowment	Torre your orra balano	%	001011111 (0	ajj riola ao.					
b	Permanent endowment	%								
		<u></u> /°								
Ū	The percentages on lines 2a, 2b, and 2c sho	, -								
За	Are there endowment funds not in the posse	•	ation that :	are held a	and administered for	or the	organiz	ation		
-	by:	estern er une er gamme					o. ga		-	Yes No
	(i) Unrelated organizations									
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Sch	nedule R?	)				3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		). Part IV. I	line 11a. S	See Form 990. Par	t X. lin	e 10.			
	Description of property	(a) Cost or o					ımulate	ed	(d) Book	value
	becompared property	basis (investr			-	•	ciation	~	( <b>u</b> ) 2001	value
1a	Land	,			, ,					
b	Buildings									
	Leasehold improvements									
	Equipment				<del>                                     </del>					
	Other				<del>                                     </del>					
	Add lines 1a through 1e (Column (d) must e		X column	(R) line 1	10c)					0.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 KESULIS, INC	•	32	-1411033 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	Lef year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end	i-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(f) (G)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-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.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RESULTS EDUCATION E	UND, A		
(3) RELATED ENTITY			87,710.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	87,710.

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) 2019

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Rev	enue per Return.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exp	oenses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	, , , , , , , , , , , , , , , , , , , ,			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5			5	
	rt XIII Supplemental Information.	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	l.	
ъъι	RT X, LINE 2:			
1 71	MI A, DINE Z.			
тні	E ORGANIZATION RECOGNIZES THE EFFECT OF	TNCOME TAX	POSTTIONS ONLY IF	
	B OROMITAMITON RECOGNITION THE BITLET OF	INCOME IAM	TOBITIONS ONEI II	
тно	OSE POSITIONS ARE MORE LIKELY THAN NOT O	F BEING SUS	TAINED THE	
	ODE TODITIONS AND MORE BINEET TIMEN NOT O	I DELING DOD	TATIOD. THE	
ORO	GANIZATION DOES NOT BELIEVE ITS CONSOLID	ATED FINANC	TAL STATEMENTS	
		111110		
INC	CLUDE ANY UNCERTAIN TAX POSITIONS.			

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete 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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number	
RESULTS	, INC.					52-1411039		
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total		<u> </u>	_					
List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration	

Schedule G (Form 990 or 990-EZ) 2019

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

Pa	rt I		_						
Φ			(a) Event #1 HOUSTON	(b) Event #2  AUSTIN EVENT  (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	55,170.	11,268.	10,084.	76,522.			
ш	2	Less: Contributions	51,270.	11,268.	10,084.	72,622.			
	3	Gross income (line 1 minus line 2)	3,900.			3,900.			
	4	Cash prizes							
S	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
irect E	7	Food and beverages							
	8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 through	h 9 in column (d)			3,900.			
Pa	rt I	II Gaming. Complete if the organization				3,300.			
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
	1	Gross revenue							
sesus	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direc	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	☐ Yes % ☐ No				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:									
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:								

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 RESULTS, INC.	5∠-⊥	<u>411</u>	039	Page 3
11 Does the organization conduct gaming activities with nonmembers?			<b>Yes</b>	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
to administer charitable gaming?			<b>′</b> es	☐ No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		%
<b>b</b> An outside facility		13b		<del></del>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec		.00		
14 Enter the hame and address of the person who prepares the organization's gaming/special events books and rec	oras.			
Name ▶				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			<b>/</b> es	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar	nount			
of gaming revenue retained by the third party  \$\bigs\\$				
c If "Yes," enter name and address of the third party:				
on roo, onto hamo and dadress or mo time party.				
Name ▶				
Address ▶				
Addices P				
<b>16</b> Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?			<b>′</b> es	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific and the state garming licenses:	at in the			110
organization's own exempt activities during the tax year > \$	it iii tiie			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and the explanations required by Part I, line 2b, columns (iii) and the explanations required by Part I, line 2b, columns (iii) and the explanations required by Part I, line 2b, columns (iii) and the explanations required by Part II, line 2b, columns (iii) and the explanations required by Part II, line 2b, columns (iii) and the explanations required by Part II, line 2b, columns (iii) and the explanations required by Part II, line 2b, columns (iii) and the explanations required by Part II is the explanation of the	iv): and Par	+ III lin	00.0	2h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v), and rai	,	C3 3,	55, 105,
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedus G   Form 990 or 990 E2   RESULTS   INC   52-1411039   Page 4   Part V   Supplemental information   (continued)	Schedule G (Form 990 or 990-EZ) RESULTS, INC.	52-1411039 Page 4
	Part IV Supplemental Information (continued)	

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RESULTS, INC.

Part I Questions Regarding Compensation

**Employer identification number** 52-1411039

	•		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
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 related organization:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section E01(a)(2) E01(a)(4) and E01(a)(20) aggregations must complete lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			
_		5a		х
		5b		X
J	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	36		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c)?	9		

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

Schedule J (Form 990) 2019

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 other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficilis	(5)(1)-(0)	reported as deferred on prior Form 990
(1) MARK BUTLER	(i)	0.	0.	0.	0.	0.	0.	
CFO/COO	(ii)	138,698.	0.	0.	5,640.	17,883.		0.
(2) JOANNE CARTER	(i)	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	173,091.	0.	0.	6,945.	12,480.	192,516.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

### 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.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RESULTS, INC.

Employer identification number 52-1411039

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

INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING THEIR PERSONAL AND

POLITICAL POWER.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF NO FEWER THAN 7 AND NO MORE
THAN 9 VOTING MEMBERS OF THE BOARD OF DIRECTORS, INCLUDING 4 GRASSROOTS

DIRECTORS, THE CHAIRPERSON, THE SECRETARY, THE TREASURER AND ANY ADDITIONAL
OFFICERS AND ONE OR MORE AT-LARGE DIRECTORS. THE EXECUTIVE DIRECTOR SHALL
SERVE ON THE EXECUTIVE COMMITTEE EX OFFICIO, WITHOUT VOTE. THE EXECUTIVE
COMMITTEE SHALL HAVE AND MAY EXERCISE THE FULL AUTHORITY OF THE BOARD OF
DIRECTORS BETWEEN MEETINGS OF THE BOARD EXCEPT WHERE PROHIBITED BY STATUTE
5212 OF THE CALIFORNIA NON-PROFIT CORPORATION LAW.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS, WHO ARE THE ACTIVE VOLUNTEERS OF THE

ORGANIZATION, IN GOOD STANDING AND REFLECTED IN THE ORGANIZATION'S RECORDS

OF ITS "PARTNERS" OR "ACTIVISTS".

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS HAVE THE RIGHT TO ELECT DIRECTORS TO FILL A MINIMUM OF FOUR SEATS
ON THE BOARD OF DIRECTORS. MEMBERS HAVE NO OTHER VOTING RIGHTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S TREASURER AND CFO/COO REVIEWS AND APPROVES THE FORM 990.

MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED A COPY BEFORE IT IS SIGNED

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization RESULTS, INC.	Employer identification number 52-1411039
BY THE CFO/COO AND FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S EXECUTIVE DIRECTOR ENSURES THAT EACH M	EMBER OF THE BOARD
OF DIRECTORS COMPLETES AND SUBMITS ANNUALLY A CONFLICT OF	INTEREST FORM TO
DISCLOSE ANY INTERESTS THAT MAY GIVE RISE TO CONFLICTS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AR,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,	NJ,NM,NY,NC,OH,OK
OR, PA, RI, SC, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REASONABLE
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC	ESS OR PROCESS
OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX	YEAR.

#### SCHEDULE R (Form 990)

**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.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

RESULTS, INC.

Employer identification number 52-1411039

	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct c	ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity		
				501(c)(3))			Yes	No
RESULTS EDUCATIONAL FUND, INC 95-3747267								
1101 15TH STREET NW WASHINGTON, DC 20005	ENDING HUNGER AND THE WORST ASPECTS OF POVERTY	CALIFORNIA	501(C)(3)	LINE 7	N/A			Х
	_							
	7						1	

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

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 to the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related to the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related to the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related to the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related to the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related to the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related to the organization and t	hatei
organizations treated as a partnership during the tax year.	aicu
 organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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 tions?	amount in box	partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo

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>(b)</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	Sec 512(t contr ent	ti) etion b)(13) rolled iity?
		country)		S. 1.25.y				Yes	No
									<u> </u>
									<u> </u>
									Ш

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1	During the tax year, did the organization engage in any of the following transactions with one or m	ore related organizations listed in Pa	rts II-IV?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X					
	b Gift, grant, or capital contribution to related organization(s)			1b		X					
С	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)			1d		X					
	e Loans or loan guarantees by related organization(s)			1e		X					
f	f Dividends from related organization(s)			1f		X					
	g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)			1h		X					
i	Exchange of assets with related organization(s)			1i		X					
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		X					
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		X					
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
р	P Reimbursement paid to related organization(s) for expenses			<b>1</b> p	X						
q Reimbursement paid by related organization(s) for expenses											
r	r Other transfer of cash or property to related organization(s)			1r		X					
s	s Other transfer of cash or property from related organization(s)			1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including covered relation	onships and transaction thresholds.								
	(a) Name of related organization  (b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved							
1)											
٥١											
2)											
<b>3</b> )											
3)											
<b>4</b> )											
4)											
5)											
<u>-,                                      </u>											
6)											
	163 09-10-19	· · · · · · · · · · · · · · · · · · ·	Schedule F	R (Fori	n 990)	2019					

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	all s sec. c)(3) s.?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manaq partn	al or Perce ging er? own	(k) centage nership
	_	country)	Sections 5 (2-5 (4)	Yes	No	moome	455015	Yes	No	(F01111 1003)	Yes	10	
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