ef	ile G	RAPHIC p	int - DO NOT PROCESS A	s Filed Data -				DLN	: 93492197025820
				Short	Form				OMB No 1545-1150
For	<sub>m</sub> 99	90EZ	Return of Orga	=		From I	ncome T	ах	2010
<b>چ</b>			Under section 501(c), 527, or 49		•				2019
Den	artment	of the	▶ Do not enter social	security numbers o	on this forn	n as it may	be made public	: <b>.</b>	Open to
Trea	isurv	enue Service	► Go to <u>www.irs.gov</u>	/Form990EZ for in	structions	s and the la	itest informat	ion.	Public Inspection
			ndar year, or tax year beginnir	ıg 01-01-2019 , ar	nd ending	12-31-201	9		
		f applicable s change	C Name of organization THE SPEEDY FOUNDATION INC					D Employ	er identification number
	Name c	-						45-287	
	Initial n	-	Number and street (or P O box, PO BOX 5866	if mail is not delivered	to street add	ress) Room/s	uite	<b>E</b> Telephoi	ne number
_		turn/terminate	City or town, state or province, o	ountry and ZIP or fore	uan nostal co	do			(208) 471-8904
_		ed return	BOISE, ID 83705	ountry, and 21F or lore	igii postai co	ue	İ	<b>F</b> Group E	
ш,	Арриса	tion pending						Number	•
G A	ccoun	tıng Method	☐ Cash ☑ Accrual Other (spe	cify) ▶			1		e organization is <b>not</b>
									Schedule B Z, or 990-PF)
			ESPEEDYFOUNDATION ORG				] '		
J Ta	x-exe	mpt status (c	neck only one) - 🗹 501(c)(3) 🕏 🗖 501	(c)( ) ◀ (insert no ) □	<b>4</b> 947(a)(1)	) or 🛭 527			
K F	orm of	organızatıon	☑ Corporation ☐ Trust ☐ Assoc	iation 🗖 Other					
LA	dd line	s 5b, 6c, an	d 7b to line 9 to determine gross re , file Form 990 instead of Form 990	eceipts If gross rece	eipts are \$2	200,000 or n	nore, or if total	assets (Pa	art II, column (B) below)
	art I		ie, Expenses, and Changes						
	41 L I	Check if	the organization used Schedule O	to respond to any qu	uestion in t	his Part I			
	1		ns, gifts, grants, and similar amour						84,861
	2	Program se	vice revenue including governmen	t fees and contracts				2	
	3	Membership	dues and assessments					3	
	4	Investment	income					4	45
	5a	Gross amou	nt from sale of assets other than II	nventory	!	5a			
	b	Less cost o	r other basis and sales expenses			5b			
	c	Gain or (los	s) from sale of assets other than ir	ventory (Subtract li	ne 5b from	line 5a) .		5c	
	6	Gaming and	fundraising events						
Ŷ,	а	Gross incon	ne from gaming (attach Schedule G	if greater than \$15	5,000)	6a			
Revenue	b		ne from fundraising events (not inc events reported on line 1) (attach		0	f contributio	ns from		
_		sum of such	gross income and contributions ex	(ceeds \$15,000)		6Ь			
	С		expenses from gaming and fundra		-	6с			
	d	Net income	or (loss) from gaming and fundrais	sing events (add line	— es 6a and 6	b and subtr	act line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allow	vances	:	7a			
	b	Less cost o	f goods sold		🗔	7b			
	С	Gross profit	or (loss) from sales of inventory (	Subtract line 7b fror	m line 7a)			7c	
	8	Other rever	ue (describe in Schedule O)					8	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7					▶ 9	84,906
	10		sımılar amounts paıd (list in Sched					10	
	11							11	
50	12		ner compensation, and employee b					12	38,854
Expenses	13		fees and other payments to indep					13	7,125
χ̈́	14		rent, utilities, and maintenance .					14	1,174
_	15		blications, postage, and shipping.					15	153
	16							16	47,341
_	17							17	94,647
۵	18	,	leficit) for the year (Subtract line 1	·				18	-9,741
NetAssets	19		or fund balances at beginning of ye	•		-			
t A:		•	figure reported on prior year's ret	,				19	38,447
ž	20		ges in net assets or fund balances (	•	•			20	0
_	21		or fund balances at end of year Co		ugh 20 .			21	28,706
For	Pape	rwork Red	iction Act Notice, see the separ	ate instructions.		Cat	No 10642I		Form <b>990-EZ</b> (2019)

	<b>Balance Sheets</b> (see the instructions Theck if the organization used Schedule		question in this Part II	<u></u>		☑
			(A)	Beginning of year		(B) End of year
22 Cash, savı	ngs, and investments			38,447	22	26,363
	pulldings			C		
	ts (describe in Schedule O)					2,343
	ets			38,447		28,706
	ilities (describe in Schedule O)			30.44		0
	s or fund balances (line 27 of column Statement of Program Service A			38,447	27   	28,706 Expenses
What is the or OUR MISSION END STIGMA	Check if the organization used Schedule ganization's primary exempt purpose?  IS TO PREVENT SUICIDE, SUPPORT MITTER THE SPEEDY FOUNDATION RAISES FURCHIEVE OUR MISSION	O to respond to any o	question in this Part II	CONVERSATIONS T	(3) orga	quired for section 501(c) and 501(c)(4) anizations, optional for ers )
measured by e	rganization's program service accompli expenses In a clear and concise manne other relevant information for each pro	er, describe the service				
28 See Additional	·					
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here	. ▶ □	28a	
29					29a	
(Grants \$ )	If this amoun	t ıncludes foreign grar	nts, check here	. ▶ □		
30					30a	
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here	. ▶ 🗆		
31 Other prog	ram services (describe in Schedule O)				+	
(Grants \$ )	,	t includes foreign gran			31a	
<u> </u>	gram service expenses (add lines 28a			_		46,590
Part IV	ist of Officers, Directors, Trustees,	and Key Employees	(list each one even if not	compensated — see th	e instruct	ions for Part IV)
	Check if the organization used Schedule	O to respond to any o	juestion 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,	benefit plans,	mployee and	(e) Estimated amount of other compensation
			enter -0-)	<u>'</u>		
TYLER NEIL		2 00		)	0	0
PRESIDENT						
ERIN HUDSON		2 00	(		0	0
SECRETARY						
KATIE FLOOD		2 00		)	0	0
					·	
MEMBER						_
KIM JEFFREY		2 00	(	)	0	0
MEMBER						
KAREN MAY		2 00	(	)	0	0
TREASURER						
MIKE KIRBY		2 00	(		0	0
MEMBER						
MEMBER SHANNON DEG	-NED	40 00	35,500	)	0	0
SHANNON DEC	CNEN	40 00	33,300	<b>'</b>	U	·
EXECUTIVE DI	RECTOR					
			<u> </u>			
				1		
						<u> </u>

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirement of the statement of the statement of the statement requirement of the statement of the statem			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	<del></del>		
			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	34		Na
	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
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O			INO
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	336		
·	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
	Did the organization file <b>Form 1120-POL</b> for this year?	. 37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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
	If "Yes," complete Schedule L, Part II and enter the total amount involved  . 38b	_		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities			
+Va	section 301(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
h	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
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of ▶ THE ORGANIZATION  Telepho	ne no 🕨 (20	08) 471-8	3904
42a		— 83705 <b>►</b>		
	Located at ▶ PO BOX 5866 BOISE , ID ZIP + 4	63/03	1	
		1	Yes	No
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	a 42b	103	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	420		
	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 Financi	al		
_	Accounts (FBAR)	420		No
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			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		▶ □	
	and effect the amount of tax-exempt interest received of accided during the tax year.	i		
142	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed inste	ad [	Yes	No
ru	of Form 990-EZ			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	. 44ь		No
r	instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	. 44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			.10
	explanation in Schedule O	. 44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			No
₽2P	<ul> <li>Did the organization receive any payment from or engage in any transaction with a controlled entity within the meai     of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of</li> </ul>	ning		
	Form 990-EZ (see instructions)	45b		

16 Did the organization engage, cirectly or indirectly, in political campagin activities on behalf of or in apposition to candidates for public office? If "Yes," complete Schedule C, Part I	orm 990-1	EZ (20.								Yes	Page
All 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 Check of the organization used schedule 0 to respond to any question in this Part VI.  17 Did the organization engage in lobbying activities or have a section 501(b) election in effect during the tax yea?  18 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  19 If "Yes," complete Schedule C, Part If "9  19 In the organization as control as section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  19 If "Yes," was the related organization a section 527 organization as entrol 52 organization.  19 If "Yes," was the related organization a section 527 organization as entrol 52.  20 Complete this table for the organization of section 527 organization organization in this part of the section 528 organization. The related organization organization in the section 528 organization organization in this part of the section 528 organization. The related organization of the section 528 organization organization in this part of the section 528 organization o										res	No
All section 501(c)(3) organizations must answer questions 47-49 and 52, and complete the tables for lines 50 Check if the organization used Schedule O to respond to any question in this Pari VI.  17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?  18 If Yes, "complete Schedule C, Part II 25  19 Did the organization as school as described in section 170(b)(1)(A)(h)? if "Yes," complete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(h)? if "Yes," complete Schedule E  10 If "Yes," was the related organization a section 527 organization?  10 If "Yes," was the related organization of an exemption-chamitable related organization?  10 Complete this table for the organizations from the organization if there is none, enter "None"  10 All Name and title of each employee and over \$100,000 organization from the organization of the related complete the table for the organization of th			· · · · · · · · · · · · · · · · · · ·						46		No
Yes   Yes   17   Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?   47     48     49     49     49     49     49     49   49   49     49     49     49     49     49     49     49     49     49     49	Part VI	All s	ection 501(c)(3) organizations	must answer questi	ons 47- 49b an uestion in this Pa	d 52, and	complete the	tables	for lir	nes 50	and 5
If "res," complete Schedule C, Part II			N I I I I I I I I I I I I I I I I I I I	<u> </u>							No
193 b d the organization as carbod as dead each method in Section 1970, (A), (A), (A), (B) and (B) an				es or have a section 5	01(h) election in	effect during	g the tax year?		47		No
by If "Yes," was the related organization make any transfers to an exempt non-chartable related organization?  by If "Yes," was the related organization a section 527 organization?  complete this table for the organization is 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 (19 April 1994).  (a) Name and title of each employee (b) Average hours per week (c) Reportable compensation to employee here to be expensed to the organization of (1994).  (b) Average hours per week (c) Reportable compensation of (1994).  (c) Reportable compensation of (1994).  (d) Hash beeffix, confidence to expension of (1994).  (d) Reportable confidence to expension of (1994).  (d) Reportable confidence to expension of (1994).  (e) Estimated to expension of (1994).  (f) Total number of other employees paid over \$100,000 organization in the organization if there is note, enter "None"  (a) Name and business address of each independent contractors who each received more than \$100,000 organization from the organization if there is note, enter "None"  (a) Name and business address of each independent contractors who each received more than \$100,000 organization from the organization if there is note, enter "None"  (a) Name and business address of each independent contractors  (b) Type of service (c) Compensation of the properties of each independent contractors who each received more than \$100,000 organization of properties of each independent contractors who each received more than \$100,000 organization of properties of each independent contractors who each received more than \$100,000 organization of properties of each independent contractors who each received more than \$100,000 organization of properties of each independent contractors who each received more than \$100,000 organization of properties organization	<b>18</b> Is th	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48		No
Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employ who each received more than \$100,000 of compensation from the organization [from the organization is five highest compensation [from the organization is compensation in the organization is compensation in the organization is compensation of the properties (e.g.) Estimated compensation (from which 27,1099— his compensation is compensation in the organization is five highest compensation in the organization is five highest compensation in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organization is five highest compensation in the organization in the organiza	<b>19a</b> Did t	the org	anızatıon make any transfers to an	exempt non-charitable	related organiza	tion?			49a		No
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employ 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		_	•						49b		
(a) Name and title of each emplayee hours per week hours per week devoted to position (Forms W-2/10399). (d) Health series (e) (e) Estimated compensation (Forms W-2/10399). (E) Estimated (Forms W-2/103999). (E) Estim	<b>50</b> Com	plete tl	nis table for the organization's five l	nighest compensated e	mployees (other	than officers	s, directors, tru	stees a	nd key	employ	rees)
Name and business address of each independent contractor   Total number of other independent contractors each receiving over \$100,000.				1	<u> </u>			fite	(a) Ec	tımətad	- mour
Total number of other employees paid over \$100,000    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 organization from the organization If there is none, enter "None"		, Name	and the or each employee	hours per week	compensation (Forms W-2/1	on contr 099- E	ributions to em penefit plans, a	ployee nd			
Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 or 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  (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of nowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare as any knowledge  Signature of officer  Signature of office	ONE										
Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 or 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  (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of nowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare as any knowledge  Signature of officer  Signature of office											
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Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 or 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  (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of nowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare as any knowledge  Signature of officer  Signature of office											
Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 or 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  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A? NOTE. All section \$01(c)(3) organizations must attach a completed Schedule A.  Did the organization complete Schedule A.  Did the organization complete Schedule A.  Did the organization complete Schedule A.  Did the organization of prepared Schedule A.  Did the organization of prepared Schedules and statements, and to the best of nowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare as any knowledge  Signature of officer											
d Total number of other independent contractors each receiving over \$100,000		pensatı	on from the organization If there is	none, enter "None "	•			1			
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A	ONE										
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A											_
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A											_
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A											_
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A											_
Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A					+100.000						
completed Schedule A	<b>a</b> 101	tai num	per of other independent contracto	rs each receiving over	\$100,000		'	_			
nowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepares as any knowledge    1	<b>52</b> Di co	id the o implete	rganization complete Schedule A? I d Schedule A	NOTE. All section 501(	c)(3) organization	ns must atta	ch a 	•	∵ <b>∨</b> Ye	s 🗆 I	No
Signature of officer  SHANNON DECKER EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name CHERYL GUIDDY  Preparer  Firm's name ► HARRIS & CO PLLC  Firm's address ► 2289 S BONITO WAY STE 100  Date 2020-07-10 Check ☐ If	nowledge	and be	lief, it is true, correct, and complet								
Signature of officer  SHANNON DECKER EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name CHERYL GUIDDY  Preparer Use Only  SHANNON DECKER EXECUTIVE DIRECTOR  Preparer's signature  Preparer's signature  Date 2020-07-10 Check I if self-employed self-employed  Firm's name ► HARRIS & CO PLLC  Firm's address ► 2289 S BONITO WAY STE 100  Phone no (208) 333-8965		***	***				2020-07-10				
Type or print name and title  Print/Type preparer's name CHERYL GUIDDY  Preparer  Firm's name ► HARRIS & CO PLLC  Firm's address ► 2289 S BONITO WAY STE 100  Preparer  Print/Type preparer's signature Check □ if self-employed self-employed processor print name Firm's EIN ► 26-4022510  Phone no (208) 333-8965	_	Sign	nature of officer								
Print/Type preparer's name CHERYL GUIDDY  Preparer    Date 2020-07-10   Check   if polyed   Print/Type preparer's signature   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's signature   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Preparer's sig	ere										
Preparer         Firm's name         ► HARRIS & CO PLLC         Firm's EIN ► 26-4022510           Jse Only         Firm's address ► 2289 S BONITO WAY STE 100         Phone no (208) 333-8965	e id	] <b>/</b> ··	Print/Type preparer's name	Preparer's signature					294		
Firm's address		er	Firm's name ► HARRIS & CO PLLC			1	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	5-40225:	10		
MERIDIAN, ID 83642	-		Firm's address ▶ 2289 S BONITO WAY	STE 100			Phone no (208	) 333-89	65		
			MERIDIAN, ID 83642								

### **Additional Data**

(Grants \$ 0)

Software ID:

Software Version:

**EIN:** 45-2875954

If this amount includes foreign grants, check here  $\dots$ 

Name: THE SPEEDY FOUNDATION INC.

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	(R
. ,	

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

28 SUICIDE PREVENTION THROUGH MENTAL HEALTH FIRST AID AND QPR TRAININGS IN IDAHO AND UTAH

for others.)

28a

46,590

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492197025820 TY 2019 Transfers Personal Benefits **Contracts Declaration** Name: THE SPEEDY FOUNDATION INC. **EIN:** 45-2875954 **Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3492197025820
SCI	HED	ULE A	- Dublic (	Charity Statu	s and Dul	olic Supp	ort	OMB No 1545-0047
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. O-EZ.	r a section	2019
•		the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	<b>ne organiza</b> FOUNDATION :					Employer identific	ation number
IIIL 3	FLLDI						45-2875954	
	rt I		for Public Charity State				See instructions.	
1 ne c	rganiz		a private foundation because	•	•		/A\/:\	
		•	,	urches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> ion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )				
2					,	, ,		
3		·	or a cooperative hospital serv	_			•	
4	Ц	A medical r name, city,	esearch organization operato and state	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II )	-		, -		bed in <b>section 170</b>
6		A federal, s	state, or local government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7	✓	_	ation that normally receives : 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization de rant college of agriculture S					ege or university or a
10		from activit	ation that normally receives ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceri ess taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509</b> (a	
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instruction	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated The organization You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations	g. acca supporting	gamzation			
g	Provi	de the follow	ing information about the su	ipported organization(	s)			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary supp (see instruction		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota		l. P. '	tion Act Notice, see the Ir		Cat No 11285	<u> </u>	 	90 or 990-EZ) 2019

Sch	nedule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
ŀ	art III Support Schedule for C						
	(Complete only if you che						nder Part III.
_	If the organization failed	to qualify under	tne tests listed	pelow, please co	ompiete Part III.	.)	
	Section A. Public Support  Calendar year	Т					
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not	16,544	23,729	71,422	93,362	84,861	289,918
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	16,544	23,729	71,422	93,362	84,861	289,918
* 5	The portion of total contributions by	10,544	23,729	71,422	93,302	04,001	209,910
•	each person (other than a						
	governmental unit or publicly						== 0.0
	supported organization) included on						55,018
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
5	Public support. Subtract line 5 from						234,900
	line 4						
	Section B. Total Support	1			Т		
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	16,544	23,729	71,422	93,362	84,861	289,918
8		10,544	23,729	/1,422	93,302	84,801	209,910
0	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets						
11	(Explain in Part VI ) <b>Total support.</b> Add lines 7 through						
ш	10						289,918
L2	Gross receipts from related activities, e	tc (see instruction	s)	<u> </u>	<u>'</u>	12	
L3	First five years. If the Form 990 is for	r the organization's	first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) orga	nization.
	•	-			•	` ' ' -	
_	check this box and stop here				<u> </u>		
	<del>-</del>			l (6))		T T	
	Public support percentage for 2019 (lin			iumn (r))		14	81 020 %
	Public support percentage for 2018 Sch					15	77 760 %
L6a	a <b>33 1/3% support test—2019.</b> If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or i	more, check this b	
	and stop here. The organization qualif	ies as a publicly su	pported organizati	on			▶ ☑
ŀ	33 1/3% support test—2018. If the	e organization did n	ot check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	% or more, check	this
	box and <b>stop here.</b> The organization	qualifies as a public	cly supported orga	inization			▶ □
L7:	a 10%-facts-and-circumstances test				13, 16a, or 16b. a	and line 14	
'	is 10% or more, and if the organization						

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

20

Gifs, grants, contributions, and of include any "unusual grants" of Cross receipts from admissions, merchandise sold or services performed, or facilities frumshed in any activity that is related to the organization star-evempt purpose are into an unrelated trade or business under section \$1.3  4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities to the organization without charge of Total, add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from disqualified persons. That exceed the greater of \$5,000 or 19 of the amount on line. 2 and 3 received from disqualified persons. That exceed the greater of \$5,000 or 19 of the amount on line. 2 and 3 received from disqualified persons. That exceed the greater of \$5,000 or 19 of the amount on line. 3 and 10 of the second of the se		(Complete only if you cl	_		•		to qualify i	under Part II.	If
Calendar year (or fiscal year beginning in )   1 Giffs, grants, contributions, and membershy fees received (Do not interest and interest of the company of t		the organization fails to qualify under the tests listed below, please complete Part II.)							
(or fiscal year beginning in) ► Gifs, grants, contributions, and membership fees received (Do not include any "unusual grants") Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") Giffs, grants fees received (Do not include any activities that are not an unrelated trade or business are removed to a services or facilities from the unit of the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of the value of the value of the organization of the value of the organization of the value of the va	Se								
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merchandice sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose organization's tax-exempt purpose in the control of the companization of the companization's tax-exempt purpose organization's benefit and either paid to or expended on its behalf or ore expended on its behalf or organization's benefit and either paid to or expended on its behalf or organization's services or facilities furnished by a governmental unit to the organization without charge or the organization without charge or the organization without charge or the organization without charge organization with charge organization with	_								
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check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			r the erganization	's first second th	urd fourth or fift	h +27 year 25 2 50	stion FO1/s)/	2) organization	
Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2018 Schedule A, Part III, line 17  19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14	•	r the organization	is mist, second, ti	illa, iourtii, or illt	ii tax year as a se	ction sor(c)(.	organization, L F	7
Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2018 Schedule A, Part III, line 17  Investment income percentage from 2018 Schedule A, Part III, line 17  19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		-	Support Borco	ntago				<u> </u>	
Public support percentage from 2018 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment inco		Public support percentage for 2019 (lin	e 8. column (f) di	ntage Ivided by line 13	column (f))		15		
Section D. Computation of Investment Income Percentage  Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2018 Schedule A, Part III, line 17  19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
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Investment income percentage from 2018 Schedule A, Part III, line 17  19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		•			line 13 column (f	7)	47		
19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					c 10, column (I	"			
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization $ ightharpoonup$		· · ·	•		on line 14, and lin	ne 15 is more than		d line 17 is not	
. —									
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and l			•						18
not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	J		_						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Schedule A (Form 990 or 990-EZ) 2019

answer line 10b below

the organization had excess business holdings)

Section A. All Supporting Organizations

			Yes	NO
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
	D.1 the annual transfer that a second transfer that does not be used to the second transfer transfer to the second transfer transfer to the second transfer transf			

	,, ,		
	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	Ι
1	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Τ

3a below 3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4с Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

5a Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI.

6 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

-	rt IV Supporting Organizations (continued)		<u>'</u>	age <b>5</b>			
C	Supporting Organizations (continued)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?			.10			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
-	governing body of a supported organization?	11a					
h	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c					
	ection B. Type I Supporting Organizations						
	cetion by Type 2 dupporting organizations		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1					
2	Did the organization operate for the henefit of any supported organization other than the supported organization(s) that						
_	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization						
S	ection C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
_	ection D. All Type III Supporting Organizations						
	ection D. All Type III Supporting Organizations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing		. 00				
	documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)  By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax						
2							
3							
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3					
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)					
	The organization satisfied the Activities Test. Complete line 2 below						
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below						
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstrud	ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.						
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3 h					

3b

Sched	lule A (Form 990 or 990-EZ) 2019			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-F7) 2019

_				
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2019			
_	From 2014	,		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4

instructions)

8 Breakdown of line 7

d Excess from 2018. e Excess from 2019.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . .

\$

5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
7	Excess distributions carryover to 2020. Add lines 3j and 4c		

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

## **Additional Data**

## Software ID:

Software Version: EIN: 45-2875954

Name: THE SPEEDY FOUNDATION INC

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE C Political Campaign ar

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

527

2019

OMB No 1545-0047

DLN: 93492197025820

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

\_\_\_\_\_\_

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• 8 • 8 f the • 8 • 8 f the Prox	Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form thave filed Form 5768 (election under thave NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T s), then	rts I-A and C below 990-EZ, Part VI, III r section 501(h)) Counder section 501(h	ne 47 (Lobbying Activ omplete Part II-A Do n n)) Complete Part II-B	vities), lot com Do no	plete Part II-I t complete Pa	art II-A
	ne of the organization			Employer	identi	fication nun	nber
THE	SPEEDY FOUNDATION INC						
	Complete if the cure	nization is exempt under sect	ion FO1(a) an io	45-287595			
		<del>-</del>			·		
1	Provide a description of the organ "political campaign activities")	iization's direct and indirect political c	ampaign activities ii	n Part IV (see instructi	ons for	definition of	
2	Political campaign activity expend	litures (see instructions)		•	\$		
3	Volunteer hours for political camp	• •					
Par	•	nization is exempt under sect					
1	Enter the amount of any excise ta	ex incurred by the organization under	section 4955	•	\$		
2	Enter the amount of any excise ta	ax incurred by organization managers	under section 4955	•	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 fo	r this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b Pari	If "Yes," describe in Part IV <b>I-C</b> Complete if the organ	nization is exempt under sect	ion 501(c), exc	ept section 501(c	)(3).		
1	<u> </u>	ed by the filing organization for section					
2	• •	anization's funds contributed to other			Ψ		
_	function activities	anizacion s funds contributed to other	organizations for se	ection 327 exempt	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	\$		
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) each organization listed, enter the ar that were promptly and directly delivi ee (PAC) If additional space is needed	nount paid from the ered to a separate p	e filing organization's fo political organization, s	unds A	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds If none, ent -0-	's	(e) Amount contributions and promp directly deliv separate p organization enter	received otly and vered to a political If none,
1							
2							
3							
1							
5							
					_		
5							
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-F7	'- Cat	No E00945 Schodul	lo C (Fo	rm 000 or 00	1-E7\ 2010

activity

Volunteers?

1

(b)

Amount

(a)

Yes | No

Schedule C (Form 990 or 990EZ) 2019

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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SCHEDULI (Form 990 or 9	990- Complete to pr	Supplemental Information to Form 990 or 990  Complete to provide information for responses to specific questions  Form 990 or 990-EZ or to provide any additional information.		ons on	OMB No 1545-0047 2019
Department of the Tro	► Co to	► Attach to Form 990 or 990-EZ.  ► Go to <a href="mailto:www.irs.qov/Form990">www.irs.qov/Form990</a> for the latest information.			Open to Public Inspection
Namel of the organic The Speedy Found  990 Schedule		on		Employer identif	fication number
Return Reference			Explanation		
FORM 990- EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMO	OUNT 45			

Return Explanation

990 Schedule O, Supplemental Information

LINE 14

Reference

FORM 990EZ, PART I,
EZ, LINE 14 1,174

Reference

DESCRIPTION DEPRECIATION AMOUNT 70 DESCRIPTION OTHER EXPENSES AMOUNT 1,104 TOTAL TO FORM 990EZ, PART I,
EZ, LINE 14 1,174

Return **Explanation** Reference

990 Schedule O, Supplemental Information

AMOUNT 125 TOTAL TO FORM 990-EZ, LINE 16 47,341

LINE 16 -

**EXPENSES** 

OTHER

FORM 990-DESCRIPTION TRAININGS, CONVENTIONS AND MEETINGS AMOUNT 3,284 DESCRIPTION ADVERTISING EZ. PART I. AND PROMOTION AMOUNT 13.063 DESCRIPTION TRAVEL AMOUNT 2.099 DESCRIPTION OFFICE EXP ENSE AMOUNT 4.446 DESCRIPTION OTHER MISC EXPENSES AMOUNT 3.634 DESCRIPTION PROGRAM TRAININGS AMOUNT 16.831 DESCRIPTION TECHNOLOGY AMOUNT 3.859 DESCRIPTION INSURANCE

Return Explanation

990 Schedule O, Supplemental Information

FORM 990-	DESCRIPTION PLEDGE RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,013 DESCRIP
EZ, PART II,	TION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,330
LINE 24 -	
OTHER	
ASSETS	