(Rev January 2020) Department of the Treasury **Return of Organization Exempt From Income Tax**

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

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

X Yes

No_

Form 990 (2019)

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

Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning and	d ending		
В	Check i	C Name of organization		D Employer identifi	cation number
Г	Addr	BEDFORD CLOTHE-A-CHILD INC			/
F	Nam chan			45-33016	70
Ē	Initia		Room/su		
Ē	Final	PO BOY 1510		•	
	term				16,091.
	Ame	BEDFORD CLOTHE—A—CHILD INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1510 City or town, state or province, country, and ZIP or foreign postal code BEDFORD, IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 Name and address of principal officer GREGORY A STOKES 1227 15TH STREET BEDFORD IN 47421 H(s) Is this a group return for subordinates included? 15 None and address of principal officer GREGORY A STOKES 15 No. 4447(a)(1) € 1527 15 None and address of principal officer GREGORY A STOKES 15 No. 4447(a)(1) € 1527 15 None and address of principal officer GREGORY A STOKES 16 No. 4447(a)(1) € 1527 16 None and address of principal officer GREGORY A STOKES 16 No. 4447(a)(1) € 1527 16 None and address of principal officer GREGORY A STOKES 16 No. 4447(a)(1) € 1527 16 None and address of principal officer GREGORY A STOKES 16 None and address of principal officer GREGORY A STOKES 17 None and address of principal officer GREGORY A STOKES 18 None and address of principal officer GREGORY A STOKES 18 None and address of principal officer GREGORY A STOKES 18 None and address of principal office			
	Appl	F Name and address of principal officer GREGORY A STOKES	7		
	pend	na l	1	H(b) Are all subordinates in	
$\overline{\mathbf{L}}$	Tax-ex	empt status X 501(c)(3)) of D_1/5	27 If "No," attach a	list (see instructions)
<u>J '</u>	Webs	te: ► NA		H(c) Group exemptio	n number 🕨
		forganization: X Corporation Trust Association Other	<u> LYe</u>	ar of formation: 2011 N	A State of legal domicile: IN
P	art I	Summary			
ø	1	· · · · · · · · · · · · · · · · · · ·			
and	1				
Governance	2		osed of m	ore than 25% of its net as	
õ	3	Number of voting members of the governing body (Part VI, line 1a)			4
~	4	,			4
Activities &	5				0
Ę	6	•			75
Ac	1	, , , ,			
	<u> b</u>	Net unrelated business taxable income from Form 990-1, line 39			0.
Revenue	8	Contributions and greats (Part VIII. line 1b)	-		Current Year 16,069.
	9		F		0.
	10		-		22.
æ	11		<u> </u>		0.
	12		<u> </u>		16,091.
_	13				0.
	14		Ţ		0.
S	15		,		0.
Expenses					0.
ē		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,863.	15,366.
	18	Total expenses Add lines 13-17 (must equal Part IX, column A line 25)	1 [11,863.	15,366.
	19	Revenue less expenses Subtract line 18 from line 12	10	2,526.	725.
Net Assets or Fund Balances		S MAY 2 0 2020	181 L		End of Year
sets	20	Total assets (Part X, line 16)		12,769.	13,494.
£	21	Total liabilities (Part X, line 26)	J╔ ├		<u> </u>
誓	22	Net assets or fund balances Subtract line 21 from line 200GDEN, UI		12,769.	<u>13,494.</u>
_	art II				
		· · · · · · · · · · · · · · · · · · ·			y knowleage and bellot, it is
true	, corre	1:	vnich prepa		7070
<u> </u>		Signature of officer		Date	auau
Sig		GREGORY A STOKES, PRESIDENT			
Her	e	Type or print name and title		_ _	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paic	1	GREGORY A. STOKES	1110	5-14-20 self-employ	
	arer	Firm's name STOKES & HOUSEL CPA'S LLC	<u>~~~</u>		46-0540272
	Only	Firm's address PO BOX 1510			
		BEDFORD. IN 47421		Phone no.81	2-279-3551

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2019)

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Form 990 (2019) BEDFORD CLOTHE-A-CHILD 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_	<u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		77
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		·	v
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<u> </u>	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> A</u>
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			- 21
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X_
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		}	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		_X_
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	_14a		
Ø	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			
	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	170		
	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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L	_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a]	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Form 990 (2019) BEDFORD CLOTHE-A-CHILD INC
Part IV Checklist of Required Schedules (continued)

			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		X
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	Ì		
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
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	l .	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		х
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		х
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	ĺ		ĺ
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
932004	4 01-20-20	Form	990	(2019)

X

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing	ľ		
	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 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ		
	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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5		X
6	Did the organization have members or stockholders?	_6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ŀ		
	more members of the governing body?	_7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b	X	
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		<u> </u>
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		<u> </u>
b	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>X</u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			77
	in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	_14		X
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?			v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	_15b		X
	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	46-		X
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
,, 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	s only) avails	ahle
.0	for public inspection. Indicate how you made these available. Check all that apply	, o orny	, aran	
	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 fınar	ncial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GREGORY A STOKES CPA - 812-279-3551			
	1227 15TH STREET, BEDFORD, IN 47421			
_				

		•	
Form	990	(201	9)

BEDFORD CLOTHE-A-CHILD INC

45-3301670

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

(A) Name and title	(B) Average hours per week	Position (do not check more than of box, unless person is both officer and a director/trust				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) GREGORY A STOKES PRESIDENT	0.00							0.	0.	0
(2) WENDY REZVANI VICE-PRESIDENT	0.00							0.	0.	0
(3) RYAN GRIFFITH TREASURER	0.00							0.	0.	0
(4) DENNIS R UNDERWOOD SECRETARY	0.00							0.	0.	0
								,		
		-								

. u	T VII Section A. Officers, Directors, Trus	stees, Key Em (B)	pioy	ees		<u>d Hi</u> C)	gne	st C				Ι -	/E\	
	(A) Name and title	Average			Pos	-	1		(D) Reportable	(E) Reportable			(F) stimate	24
	Name and title	hours per					than is bot		compensation	compensatio	n	l	nount	
		week					or/trus		from	from related			other	
		(list any	ector	1		ļ		ŀ	the	organizations		I	pensa	
		hours for related	ā	 85		}	ated	ł	organization	(W-2/1099-MIS	SC)	ĺ	rom th	
		organizations	nstee	trust		_ 	ubeu		(W-2/1099-MISC)				janizat d rolat	
		below	돌	feug	_	g S	st co						d relat anızatı	
	•	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē				0.9.	ai iizati	5115
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		L	l	L		L_	L_	<u> </u>			_	_		
1b	Subtotal								0.		0.			<u>o.</u>
	Total from continuation sheets to Part V	II, Section A							0.		0.	l 		0.
	Total (add lines 1b and 1c)							<u> </u>	0.	<u> </u>	0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	е			,
	compensation from the organization	 -											V	
_											ı		Yes	No
3	Did the organization list any former officer,		ee, ŀ	ey e	emp	loye	e, or	r hig	nest compensated emp	oloyee on				v
	line 1a? If "Yes," complete Schedule J for s					. 4		ا المحاد		4b		3		_X_
4	For any individual listed on line 1a, is the su	•		•					•	tne organization				X
_	and related organizations greater than \$15			-						idual for convoca		4		
5	Did any person listed on line 1a receive or a							Clai	ed organization or indivi	dual for Services		5		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	ipiete Scriedui	9 0 1	UI SI	ICH	pers	011		···			<u> </u>		
1	Complete this table for your five highest co	mnensated in			nt c	ontr	acto	nrs t	hat received more than	\$100 000 of com	nens	ation f	rom	
•	the organization Report compensation for										P0.10	Q.,,,,,		
	(A)	<u> </u>	<u> </u>				<u> </u>		(B)			((<u></u>	
	Name and business	address	NO	INC	2			ļ	Description of s	ervices	С		nsatio	n
	•													
								ĺ						
									_					
												-		
								T						
	•													
2	Total number of independent contractors (i	ncluding but n	ot lii	nıte	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation		_		()							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Related or exempt Revenue excluded Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 16,069. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 16,069 h Total. Add lines 1a-1f. **Business Code** Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real, (II) Personal 6 a Gross rents 6a b Less rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less. cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See <u>8a</u> Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9ь b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less. cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d 16,091 0. Total revenue See instructions 12

Form 990 (2019)

BEDFORD CLOTHE-A-CHILD 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).

	ion so registrations must comp	nete air columns Air ou	ier organizations must co	ompiete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, . 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		1		
	and domestic governments. See Part IV, line 21	ı			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				<u> </u>
_	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-, -		
5	Compensation of current officers, directors,				
•	trustees, and key employees	ĺ			l
6	Compensation not included above to disqualified				
٠	persons (as defined under section 4958(f)(1)) and	Í			!
	persons described in section 4958(c)(3)(B)			!	
7	Other salaries and wages				
7 8	Pension plan accruals and contributions (include		<u> </u>		
0	section 401(k) and 403(b) employer contributions)				
9	· · · · · · · · · · · · · · · · · · ·				
	Other employee benefits Payroll taxes			 	
10	Fees for services (nonemployees)				
11	Management				li .
a	Legal			<u> </u>	
b	Accounting				
C	Lobbying				<u> </u>
	Professional fundraising services. See Part IV, line 17				
+	Investment management fees				
q					
9	column (A) amount, list line 11g expenses on Sch O.)	*	•	`	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		 		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
 23	Insurance				
24	Other expenses. Itemize 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 on Schedule 0.)				
а	PURCHASED CLOTHING	15,366.	15,366.		
b					
c					
d					
•	All other expenses				
25	Total functional expenses Add lines 1 through 24e	15,366.	15,366.	0.	0.
<u>26</u>	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	,			
	Check here				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 12,769. 1 13,494. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 12.769 13,494 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 12,769 27 13,494. 27 Net assets without donor restrictions Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 12,769 32 32 Total net assets or fund balances 7<u>69</u> Total liabilities and net assets/fund balances

Form 990 (2019)

Forn	1990 (2019) BEDFORD CLOTHE-A-CHILD INC	<u>45-330</u>	1670	<u> Page 12</u>
Pa	rt 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	16	,091.
2	Total expenses (must equal Part IX, column (A), line 25)	2	_ 15	,366.
3	Revenue less expenses Subtract line 2 from line 1	3		725.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,769.
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		
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	13	<u>,494.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	res No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	
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	l on a	1 1	
	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 basıs,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		
	Act and OMB Circular A-133?		_3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► 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

PEDEODD CLORUE & CULLD INC

Employer identification number

BEDFORD CLOTHE-A-CHILD INC 45-3301670 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{X} An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 support (see instructions) organization support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 BEDFORD CLOTHE-A-CHILD INC 45-33016

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	9,505.	9,225.	7,868.	8,015.	16,070.	50,683.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	J	}	J			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		l				
	the organization without charge						
4	Total. Add lines 1 through 3	9,505.	9,225.	7,868.	8,015.	16,070.	50,683.
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly		ĺ	1			
	supported organization) included						
	on line 1 that exceeds 2% of the		1	ł			•
	amount shown on line 11.			İ			
	column (f)						
6	Public support. Subtract line 5 from line 4						50,683.
	etion B. Total Support						30,003.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	9,505.	9,225.	7,868.	8,015.	16,070.	50,683.
	Gross income from interest,	3,303.		- 7,000.	0,0131	20,070	
0	dividends, payments received on						
	securities loans, rents, royalties,		j	j			
	and income from similar sources	30.	12.	37.	32.	22.	133.
Ω	Net income from unrelated business		12.				
3	activities, whether or not the						
			İ				
40	Other income Do not include gain						
10	or loss from the sale of capital						
	· ·						
44	assets (Explain in Part VI) Total support. Add lines 7 through 10						50,816.
	• • • • • • • • • • • • • • • • • • • •	oto /oco instructio				12	52,804.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	I fourth or fifth to	v vear as a section		
13	organization, check this box and stop	-	mst, second, time	i, iourtii, or iiitii ta.	A year as a section	11 30 1 (0)(3)	▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
_	Public support percentage for 2019 (li			olumn (fl)		14	99.74 %
	Public support percentage from 2018		=	Sidmir (i))		15	99.74 %
	33 1/3% support test - 2019. If the o			line 13 and line 1	4 is 33 1/3% or m		
iua	stop here. The organization qualifies	-		mic 15, and mic 1	413 00 17070 01 11	iore, ericek triis be	► X
h	33 1/3% support test - 2018. If the o		_	ne 13 or 16a and l	line 15 is 33 1/3%	or more, check th	
b	and stop here. The organization quali					or more, erroom an	▶ □
170	10% -facts-and-circumstances test	•	• •		13 16a or 16b a	and line 14 is 10%	or more
174							
	and if the organization meets the "fact					t viriow the organ	Lation
	meets the "facts-and-circumstances"					To and the 15 is	10% or
ø	10% -facts-and-circumstances test						
	more, and if the organization meets the						. ┌──
46	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	, 100, 1/a, 0r 1/b		na see instructions	

	(Complete only if you checked	the box on line 1	0 of Part I or if the	organization failed	d to qualify under l	Part II If the organi	zation fails to
	qualify under the tests listed b	elow, please com	plete Part II)				/
<u>Sec</u>	ction A. Public Support		-	<u></u>	· · · · · · · · · · · · · · · · · · ·		- -
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not						
	include any "unusual grants ")			_			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					!	
	or expended on its behalf		1	/		1	
5	The value of services or facilities						
	furnished by a governmental unit to]				
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		/				
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				_		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			3			
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)	the ergenization!	n first second this	d fourth or fifth	av vear as a section	n 501/c)/3\ organia	uation
144	First five years. If the Form 990 is for	uie vigariization :	a mai, accond, mir	u, rourar, or mart	an your as a secul	So i (c)(o) Organiz	a
200	check this box and stop here ction C. Computation of Publi	ic Support Do	rcentace				
						145	
	Public support percentage for 2019 (I		=	column (1))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Inves					T -	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
b	33 1/3% support tests - 2019. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	nd stop here. The organization did r	organization qualif not check a box on	ies as a publicly s line 14 or line 19a	supported organiza a, and line 16 is me	ation ore than 33 1/3%, a	ightharpoons
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization	n did not check a	hox on line 14, 19:	a or 19b check ti	his hox and see in	structions	▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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 amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		.
	Yes	No
	-	
1		
_2		
3a		
Ga_		
3b		
Зс		
4a		
70		
<u>.</u> .		
4b		
_4c		
<u>5</u> a		
_5b		
5c		
	-	•
6_		
7_		
8		
9a		
9b		
9c		
10a		
10b 1990 or 99		

Da		<u>2019 (</u>	U Pa	age 5
Га	rt IV Supporting Organizations (continued)		T	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?]	ļ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	-	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	L
Sec	tion B. Type I Supporting Organizations		т—	
			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	1		l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ		
	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	-	_	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	ł	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			İ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Ĺ
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	-		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion 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		i i	ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		1
3	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	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	-	٠
Sec	tion 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 yeatsee instructions	<u> </u>		
' a	The organization satisfied the Activities Test. Complete line 2 below	,,.		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in.	structions	s)	
2	Activities Test Answer (a) and (b) below.	31700170771	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			ĺ
		22		1
L	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	\vdash	 -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990-EZ) 2019 BEDFORD CLOTHE-A-CHILD	INC		45-3301670 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain ir	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	
Sect	tion 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	A	
Sect	tion 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)			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	'Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	1 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,	1 1		
	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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		•
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		<u> </u>
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		<u> </u>
5	Income tax imposed in prior year	5		<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly ıntegrate	d Type III supporting or	ganızatıon (see

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instructions)

	dule A (Form 990 or 990-EZ) 2019 BEDFORD CLOTH			<u> 15-3301670 Page 7</u>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
,	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u></u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion 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			<u> </u>
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
ſ	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	fine 7\$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2. For result greater		74	
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h		,	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			<u> </u>
8_	Breakdown of line 7			
<u>a</u>	Excess from 2015			
_ <u>b</u>	Excess from 2016			ļ
С	Excess from 2017			
d	Excess from 2018			

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e Excess from 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)
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SCHEDULE O

(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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number BEDFORD CLOTHE-A-CHILD INC 45-3301670 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LAWRENCE COUNTY INDIANA. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONAL DOCUMENTS ARE MADE AVAILABLE IMMEDIATELY UPON REQUEST.