990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20									
Вс	heck if ap	applicable C Name of organization D E		D Employer Identification number					
□,	Address cl	ange Stripped Inc		464053749					
$\overline{}$	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E T	E Telephone number					
_	nitial retur		802 E 5th Street 8	765-298-1712					
☴	-ınaı retun Amended I	n/terminated	Group Exemption						
=		n pending	City or town, state or province, country, and ZIP or foreign postal code Anderson IN 46012	Number	>				
G A	ccount	ting Method:	☐ Cash	ck ▶ 🗀	If the organization is not				
ı v	Vebsite	:► www:	stnppedlove org requ	ired to a	ttach Schedule B				
J T	ax-exem	npt status (che	eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (For	m 990, 9	90-EZ, or 990-PF).				
			✓ Corporation ☐ Trust ☐ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets					
(Pa	t II, colu		500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$ 84,613				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	truction	ns for Part I)				
		Check If	the organization used Schedule O to respond to any question in this Part I .						
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	45994				
	2	Program se	ervice revenue including government fees and contracts	. 2	375				
	3	Membersh	ip dues and assessments	. 3					
	4	Investment		. 4					
	5a		ount from sale of assets other than inventory 5a						
	Ь		or other basis and sales expenses		_				
	С	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>					
	6	•	d fundraising events:						
ine	а	Gross income from gaming (attach Schedule G if greater than \$15,000)							
Revenue	b	Gross income from fundraising events (not including \$ of contributions							
æ		from fundr							
			<u> </u>	861					
	С		t expenses from gaming and fundraising events 6c 180 e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	057					
	d		ct	_					
		line 6c) .		• 6d	17804				
	7a			383					
	b		of goods sold	122	-				
	C	•	. 7c	2261					
	8	Other reve	. 8	66424					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66434				
	10		I similar amounts paid (list in Schedule 9)	. 10					
	11		aid to or for members	. <u>11</u>	35540				
Ses	12	Drefereier	ther compensation, and employee benefits	13	2581				
Expense	13 14		al fees and other payments to independent contractors 2019	. 14	1485				
X	15		ublications, postage, and shipping	. 15	6746				
_	16		enses (describe in Schedule O)	. 16	21332				
	17		Add the 40 Abraham 40	17	67684				
	18		(deficit) for the year (Subtract line 17 from line 9)	. 18	-1250				
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		- 1250				
SS			ar figure reported on prior year's return)	19	19380				
Net Assets	20	Other char	. 20						
ž	21		21	18130					
	<u> : </u>	. 1,200000	or fund balances at end of year. Combine lines 18 through 20						

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)

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	rt II Balance Sheets (see the instructions f	or Part II)						
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u> </u>	<u>.</u>		
	_			(A) Beginning of year		(B) End of year		
22	Cash, savings, and investments			17544		16229		
23	Land and buildings			4000	23	4740		
24	Other assets (describe in Schedule O)			1836 19380		1740		
25	Total assets			19300	 	17969		
26	Total liabilities (describe in Schedule O)	(D)		19380	26	-161 18130		
27 Pari	Net assets or fund balances (line 27 of column Ill Statement of Program Service Accom				21	10130		
rait	Check if the organization used Schedule	•		•		Expenses		
\A/hat		Help women in our co			(Red	quired for section		
						(c)(3) and 501(c)(4)		
	ribe the organization's program service accomplisheasured by expenses. In a clear and concise m					anizations, optional for ers)		
	ons benefited, and other relevant information for ea		s services provider	a, the number of		,		
<u> </u>	Club Outreach-Staff and volunteers make regular visits to		nd connectt with wor	en currently				
	working in the local sex trade							
	(Grants \$) If this amount	ıncludes foreign gra	nts. check here .	▶ □	28a	\$1,881		
	Emergency Needs - Stripped Love assists women as the					1		
	basic needs- housing, food clothing, job, transportation)							
	and services which offer longer term support as they more							
		ıncludes foreign gra		▶ 🗆	29 a	\$8,600		
30	Second Sundays - Monthly program offered at our facility							
-	children as they connect with education and resources or	n their journey to indep	endence and ultimate	ely,				
	fulfillment of their dreams							
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ □	30a	\$6,784		
31	Other program services (describe in Schedule O)		·					
		includes foreign gra	nts, check here .	▶ 🗆	31a	\$1,500		
32	Total program service expenses (add lines 28a t				32	\$18,765		
Part	41V 11 4 4 640 B) A T	Employees (list each			- At	ctions for Part IV)		
	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even it not com	pensated—see the i	ารแน			
•	Check if the organization used Schedule			-		<u> </u>		
			ny question in this (c) Reportable	Part IV (d) Health benefits,		<u> </u>		
		O to respond to ar (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)			
	Check if the organization used Schedule (a) Name and title	O to respond to ar	y question in this (c) Reportable compensation	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of		
Jenni	Check if the organization used Schedule	O to respond to ar (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of		
Chair	Check if the organization used Schedule (a) Name and title Ifer Stanley	O to respond to ar (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of		
Chair JB Sh	Check if the organization used Schedule (a) Name and title Ifer Stanley helton	O to respond to ar (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of		
Chair JB Sh Vice (Check if the organization used Schedule (a) Name and title Ifer Stanley helton Chair	O to respond to ar (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of		
Chair JB Sh Vice (Natal	Check if the organization used Schedule (a) Name and title Ifer Stanley Thelton Chair Ite Farmer	O to respond to ar (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of		
Chair JB Sh Vice (Natal Treas	Check if the organization used Schedule (a) Name and title Ifer Stanley Thelton Chair Ite Farmer Surer	O to respond to ar (b) Average hours per week devoted to position 0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of		
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Chair JB Sh Vice (Natal Treas Joshu Board	Check if the organization used Schedule (a) Name and title ifer Stanley helton Chair lie Farmer surer ua Brandt d Member	O to respond to ar (b) Average hours per week devoted to position 0 0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of		
Chair JB Sh Vice (Natali Treas Joshu Board Scott	Check if the organization used Schedule (a) Name and title Ifer Stanley Thelton Chair Ilee Farmer Surer Use Brandt Use Member Mellinger	O to respond to ar (b) Average hours per week devoted to position 0 0	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of		
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Chairing Chair Cha	Check if the organization used Schedule (a) Name and title Ifer Stanley Thelton Chair Ite Farmer Surer Use Brandt Id Member Mellinger Id Member Renz Id Member Renz Id Member Rochuit Id Member Natkins Id Member Vatkins Id Member Rery Majeski	O to respond to ar (b) Average hours per week devoted to position 0 0 0 0 0 0 2 0 20	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of		
Chairing Chair Cha	Check if the organization used Schedule (a) Name and title Ifer Stanley Thelton Chair Ite Farmer Surer Use Brandt Id Member Mellinger Id Member Renz Id Member Renz Id Member Rochuit Id Member Natkins Id Member Vatkins Id Member Rery Majeski	O to respond to ar (b) Average hours per week devoted to position 0 0 0 0 0 0 2 0 20	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of		

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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		v
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		1
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	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓.
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .			-
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		
39	Section 501(c)(7) organizations. Enter:	1 !		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		.,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		_
•	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ Indiana			
42a	The digalization obtains and in date of	765-29		2
L	Located at ► 802 E 5th Street Anderson IN ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	460		A1-
Б	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	res	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			_
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		-
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O.	-		لبِــا
45	explanation in Schedule O	44d	ļ	√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		

Form 990	-EZ (2018)						F	age 4	
	D'A Maria di Sala di S				f ii		Yes	No	
	Did the organization engage, directly or in to candidates for public office? If "Yes," or						-	1	
Part V	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only s must answer que	stions 47-49b and	d 52, and	complete the	·	for lin		
	Check if the organization used Sc	nequie O to respond	to any question in	i this Part	<u> </u>	· · ·	Yes	No	
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) elect		ct during the	tax 47	,	√	
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule	Ε	. 48	1 -	1	
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related orga	nization? .		. 49a	1	1	
50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more thar	five highest compen	sated employees (o	ther than o	fficers, directo		es, an		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit pla	alth benefits, ons to employee ins, and deferred ipensation	(e) Estimat other co			
None				- 		- · · · · · · · · · · · · · · · · · · ·	-		
						· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			+	· · · · · ·				
			<u> </u>						
	Total number of other employees paid ov		· · ·						
	Complete this table for the organization \$100,000 of compensation from the orga			nt contract	ors wno each	received	more	tnan	
	(a) Name and business address of each independ		(b) Type of se	ervice	(c)	Compensa	tion		
None									
									
			1						

			-						
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>		0		-	
52	Did the organization complete Scheducompleted Schedule A	_		ganizations	must attach	na .▶☑ Ye	s □ !	No	
Under pe	nalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that	retum, including accompan n officer) is based on all info	ying schedules and state ormation of which prepare	ments, and to er has any kno	the best of my kn wledge	nowledge an			
	Kelle Kern				5/10	/19			
Sign Here	Kelli Kern, Director of People + Programs					· · · · · · · · · · · · · · · · · · ·			
	Type or print name and title	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date	<u>, </u>	PTIN			
Paid	Print/Type preparer's name	pe preparer's name rreparer's signature			Check if self-employed				
Prepa				· · · · · · · · · · · · · · · · · · ·	Firm's EIN ▶	 			
Use C	Firm's address ▶				Phone no				
May the	e IRS discuss this return with the prepare	r shown above? See	instructions		1	► ☐ Ye	s 🔲 i	No	

► ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Employer Identification number

Name of the organization 46-4053749 Stripped Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). 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: An organization that normally receives: (1) more than 331/8% 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 33½% 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 I. 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 b 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported organization (iii) Type of organization (Iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 sted in your governing support (see other support (see above (see instructions)) document? instructions) Instructions) Yes No (A) (B) (C) (D) (E) Total

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	duality unde	i the tests its	ited below, p	icase compie	/	/
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(6) 2011	(5) = 5 . 5	(0,000	\		
•	membership fees received. (Do not include any "unusual grants.")			j			
2	Tax revenues levied for the organization's benefit and either paid ι to or expended on its behalf				/	/,	,
3	The value of services or facilities furnished by a governmental unit to the organization without charge			,			
4	Total. Add lines 1 through 3			SPECIAL SECTION		rooms on the second	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	A THE STATE OF	537845/035	1	THE A SECOND	SVEN HERE	
	on B. Total Support	1,42,11,10,14,14		/			
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	l .					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					•	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				·	,	
11 12	Gross receipts from related activities, etc		ons)	经验证证		12	
13	First five years. If the Form 990 is for the				, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·		<u> </u>	· · > 🗆
	on C. Computation of Public Suppor			d			
14 15 16a	Public support percentage for 2018 (line Public support percentage from 2017 Sci 331/3% support test—2018. If the organization qua	hedule A, Part ization did not	II, line 14 . check the box		 nd line 14 is 33	14 15 31/3% or more,	
b	331/3% support test—2017. If the organi			-			
	this box and stop here. The organization						•
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resplain in Part VI how the organization resupported organization	ation meets the "fact	e "facts-and-ots-and-ots-and-circums	circumstances stances" test.	test, check The organizati	this box and son qualifies as	top here. a publicly
18	Private foundation. If the organization di instructions					k this box and	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	* * * *
(Complete only if you checked the box on line 1	0 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests	

Secti	on A: Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	44204	42066	56839	62112	81855	258172
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	14301	43065	20039	02112	8 1833	230172
2	sold or services performed, or facilities			j			
	furnished in any activity that is related to the		045		2027	968	3850
_	organization's tax-exempt purpose		845		2037	900	3630
3	Gross receipts from activities that are not an unrelated trade or business under section 513	40	1165	898	559		2662
			1 103		339		2002
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	14341	45075	57737	64708	82823	264684
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		٠,	/ ·,			1
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	14341	45075	57737	64708	82823	264684
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		,				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						72111.23
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)	14341	45075	57737	64708	82823	264684
14	First five years. If the Form 990 is for thorganization, check this box and stop her	_			•		501(c)(3)
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2018 (line 8			3, column (f))		15	%
16	Public support percentage from 2017 Sch	nedule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018 (ine 10c, colum	in (f), divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2017					18	%
19a	331/3% support tests-2018. If the organi						
	17 is not more than 331/3%, check this box					_	
b	331/3% support tests - 2017. If the organiz						
	line 18 is not more than 331/3%, check this t			-		• •	
20	Private foundation. If the organization di	d not check a t	box on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions >

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Stripped Inc	46-4053749
990EZ Part I line 16 Outreach Expenses \$17,495, Travel \$2379 Training \$1458	
990EZ PartII line 24 Other Assets \$1,740 inventory of T-Shirts	
990EZ Part III line 31 Other programs Advocacy and Education - Stripped Love shares stories and the horror	s of sex trafficking, education,
equipping and inviting others to help combat this humanitanian crisis of our times \$	1,500 00
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