

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning

, and ending

**46-0683036**

### SERVE OUR WILLING WARRIORS

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>958,877</b></u>
<b>Revenue</b>		
Contributions	<u>448,800</u>	
Program service revenue	<u>23,102</u>	
Investment income	<u>1,761</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>64,232</u>	
Direct expenses	<u>133,716</u>	
Net income	<u>-69,484</u>	
Other income	<u>856</u>	
<b>Total revenue</b>		<u><b>405,035</b></u>
<b>Expenses</b>		
Program services	<u>437,090</u>	
Management and general	<u>60,554</u>	
Fundraising	<u>8,862</u>	
<b>Total expenses</b>		<u><b>506,506</b></u>
<b>Excess / (deficit)</b>		<u><b>-101,471</b></u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>857,406</b></u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><b>405,035</b></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><b>506,506</b></u>

		Balance Sheet		
		Beginning	Ending	Differences
Assets	<u>1,757,934</u>	<u>1,656,077</u>		
Liabilities	<u>799,057</u>	<u>798,671</u>		
Net assets	<u><b>958,877</b></u>	<u><b>857,406</b></u>		<u><b>-101,471</b></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date **05/15/19**  
 Failure to file penalty \_\_\_\_\_

# *Huey and Associates, P.C.*

## **CERTIFIED PUBLIC ACCOUNTANTS**

7201 WISCONSIN AVENUE, STE 775  
BETHESDA, MD 20814-4875  
PHONE: (301) 951-3744  
FAX: (301) 907-0149  
ROBERT D. HUEY, CPA

13873 PARK CENTER ROAD, STE 210  
HERNDON, VA 20171-3249  
PHONE: (703) 437-6269  
FAX: (703) 437-6265  
JONATHAN L. NICHOLS, CPA

November 14, 2019

### **CONFIDENTIAL**

Serve Our Willing Warriors  
16013 Waterfall Road  
HayMarket, VA 20169-2126

Dear Client:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Registration Statement

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

### **Federal Filing Instructions**

None is required. Your Form 990 for the year ended 12/31/18 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned by **uploading, emailing, faxing or mailing it to us as soon as possible.**

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

### **Virginia Form 102 Filing Instructions**

The filing fee for the tax year ended 12/31/18 is \$200. Form Charitable Organization Registration should be signed and dated on Page 6 by two appropriate officers. A check in the amount of \$200 should be made payable to Treasurer of Virginia. Write "E.I.N. 46-0683036, December 31, 2018 Form 102" on the check. Write the number of the check on the remittance form and include it with the return. Mail the return AS SOON AS POSSIBLE to:

VA Dept of Agriculture and Consumer Svcs  
P.O. Box 526  
Richmond, VA 23218-0526

**Virginia Form 500 Filing Instructions**

Your 2018 Form 500 shows no balance due.

Your return is being filed electronically with the Virginia Department of Taxation and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

Your electronically filed return is not complete without your signature. You are using the Personal Identification Number (PIN) for signing your return electronically. Form VA-8879C, Virginia Corporation Income Tax e-file Signature Authorization, should be signed and dated by an authorized officer of the corporation and returned to:

Huey and Associates, P.C.  
7201 Wisconsin Ave Ste 775  
Bethesda, MD 20814

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Huey and Associates, P.C.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning . . . . ., 2018, and ending . . . . ., 20 . . . . .

**2018**

Department of the Treasury

Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**SERVE OUR WILLING WARRIORS**

**46-0683036**

Name and title of officer

**MICHELLE BUCKLES  
TREASURER**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b	<b>405,035</b>
2a Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **HUEY AND ASSOCIATES, P.C.** to enter my PIN **83036** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date **10/31/19**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54262320003**

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **JONATHAN L NICHOLS, CPA**

Date **10/31/19**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see back of form.**

Form **8879-EO** (2018)

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
 Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**SERVE OUR WILLING WARRIORS**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**16013 WATERFALL ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HAYMARKET VA 20169-2126**

**D Employer identification number**  
**46-0683036**

**E Telephone number**  
**703-785-8980**

**G Gross receipts\$** **538,751**

**F Name and address of principal officer:**  
**SHIRLEY DOMINICK**  
**5501 MERCHANT VIEW SQUARE SUITE 263**  
**HAYMARKET VA 20169**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.WILLINGWARRIORS.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **2012** **M State of legal domicile:** **VA**

**H(c) Group exemption number** \_\_\_\_\_

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO PROVIDE OUR COUNTRY'S RECOVERING WOUNDED, ILL OR INJURED WARRIORS, DISABLED VETERANS AND THEIR FAMILIES WITH ENCOURAGEMENT, SUPPORT AND RESPITE STAYS AT THE BULL RUN WARRIOR RETREAT.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	253,150	448,800
	9 Program service revenue (Part VIII, line 2g)		23,102
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	348	1,761
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,689	-68,628
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	412,187	405,035
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	127,244	206,371
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	8,862	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	247,366	300,135	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	374,610	506,506	
19 Revenue less expenses. Subtract line 18 from line 12	37,577	-101,471	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,757,934	1,656,077
	21 Total liabilities (Part X, line 26)	799,057	798,671
	22 Net assets or fund balances. Subtract line 21 from line 20	958,877	857,406

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **MICHELLE BUCKLES** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

**Paid Preparer Use Only**

Print/Type preparer's name: **JONATHAN L NICHOLS, CPA** Preparer's signature: **JONATHAN L NICHOLS, CPA** Date: \_\_\_\_\_  
 Check  if PTIN self-employed: **P00292483**

Firm's name: **HUEY AND ASSOCIATES, P.C.** Firm's EIN: **52-1658535**  
 Firm's address: **7201 WISCONSIN AVE STE 775**  
**BETHESDA, MD 20814** Phone no.: **301-951-3744**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**OUR MISSION IS TO PROVIDE OUR COUNTRY'S RECOVERING WOUNDED, ILL AND INJURED WARRIORS AND THEIR FAMILIES WITH ENCOURAGEMENT, SUPPORT AND RESPITE STAYS AT THE BULL RUN WARRIOR RETREAT**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **404,883** including grants of\$ ) (Revenue \$ )

**THE PRIMARY MISSION OF THE ORGANIZATION IS TO PROVIDE A HOME-AWAY FROM HOME RESPITE FOR RECOVERING SERVICE MEMBERS, DISABLED VETERANS AND THEIR FAMILIES. THE WARRIOR RETREAT AT BULL RUN WARRIOR RETREAT IS AN 11,000 SQ FOOT FACILITY LOCATED ON 37 ACRES IN THE HISTORIC AND PICTURESQUE VIRGINIA COUNTRYSIDE. DURING 2018 WE SERVED OVER 250 WARRIORS AND THEIR FAMILIES WITH RETREAT STAYS, EDUCATIONAL AND THERAPUETIC ACTIVITIES AND LINKED THEM WITH A NETWORK OF ORGANIZATIONS AND INDIVIDUALS WHO CAN ADVISE, SUPPORT AND GUIDE THEIR TRANSITION BACK TO CIVILIAN LIFE**

4b (Code: ) (Expenses \$ **23,334** including grants of\$ ) (Revenue \$ )

**SERVE OUR WILLING WARRIORS HAS SOUGHT TO EXPAND ITS SERVICES BY CONSTRUCTING AN ADDITIONAL FACILITY THAT WOULD INCREASE THE CAPACITY AND ENABLE US TO SERVE MORE THAN 200 WOUNDED WARRIORS AND THEIR GUESTS PER YEAR. THE ORGANIZATION WAS ABLE TO SECURE A PLEDGE OF \$300,000 FROM THE PENFED FOUNDATION, THE CHARITABLE ARM OF PENFED CREDIT UNION AND BROKE GROUND ON THE PENFED FOUNDATION HOUSE IN LATE 2017. CONSTRUCTION BEGAN APRIL 2018 ON THE PENFED HOUSE. THE RIBBON CUTTING WAS DECEMBER 2018 BUT WAS NOT READY FOR OCCUPANCY UNTIL MARCH 2019.**

4c (Code: ) (Expenses \$ **8,873** including grants of\$ ) (Revenue \$ )

**PROVIDED DIRECT SUPPORT TO WOUNDED WARRIORS AND THEIR FAMILIES BY PROVIDING GROCERIES, MEALS, GIFT CARDS AND NECESSITIES FOR PERSONAL GROOMING**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses **437,090**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	<b>X</b>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>



**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>12</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	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 in Schedule O		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

**THE ORGANIZATION** **16013 WATERFALL ROAD** **VA 20169-2126 855-717-5863**  
**HAYMARKET**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>EMILY LAPPAT</b>	45.00									
<b>EXECUTIVE DIRECTOR</b>	0.00	X		X			40,385	0	0	
(2) <b>JEFFREY KENDALL SAPP</b>	45.00									
<b>EXECUTIVE DIRETOR</b>	0.00	X		X			8,861	0	0	
(3) <b>SHIRLEY DOMINICK</b>	40.00									
<b>PRESIDENT/FOUNDER</b>	0.00	X		X			0	0	0	
(4) <b>MICHELLE BUCKLES</b>	30.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(5) <b>JOHN DOMINICK</b>	40.00									
<b>VP/CO-FOUNDER</b>	0.00	X		X			0	0	0	
(6) <b>PETER BAKER</b>	10.00									
<b>OFFICER</b>	0.00	X					0	0	0	
(7) <b>LARRY ZILLIOX</b>	40.00									
<b>OFFICER</b>	0.00	X					0	0	0	
(8) <b>RICHARD BROOKS</b>	10.00									
<b>OFFICER</b>	0.00	X					0	0	0	
(9) <b>MARK SHAABER</b>	30.00									
<b>SECRETARY</b>	0.00	X					0	0	0	
(10) <b>GEORGE MCLAMB</b>	5.00									
<b>OFFICER</b>	0.00	X					0	0	0	
(11)										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 2,333				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 210,801				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 235,666				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	23,549				
	<b>h Total.</b> Add lines 1a-1f		448,800			
	<b>2a</b> PROGRAM REVENUE	Busn. Code	23,102	23,102		
	<b>b</b>					
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		23,102				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,761			1,761
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real (ii) Personal				
	<b>6a</b> Gross rents					
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ 210,801 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 64,232				
	<b>b</b> Less: direct expenses	<b>b</b> 133,716				
	<b>c</b> Net income or (loss) from fundraising events		-69,484			-64,402
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
<b>11a</b> DISCOUNTS		856			856	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		856				
<b>12 Total revenue.</b> See instructions.		405,035	23,102	0	-61,785	

**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).

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

Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign 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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>188,886</b>	<b>151,435</b>	<b>37,451</b>	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>18</b>	<b>18</b>		
10 Payroll taxes	<b>17,467</b>	<b>13,287</b>	<b>4,180</b>	
11 Fees for services (non-employees):				
a Management	<b>41,440</b>	<b>41,440</b>		
b Legal	<b>1,590</b>	<b>1,590</b>		
c Accounting	<b>7,300</b>	<b>3,815</b>	<b>3,485</b>	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>906</b>		<b>906</b>	
12 Advertising and promotion	<b>8,862</b>			<b>8,862</b>
13 Office expenses	<b>12,094</b>	<b>7,249</b>	<b>4,845</b>	
14 Information technology	<b>23,895</b>	<b>21,719</b>	<b>2,176</b>	
15 Royalties				
16 Occupancy	<b>52,618</b>	<b>52,618</b>		
17 Travel	<b>3,233</b>		<b>3,233</b>	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>40,992</b>	<b>40,992</b>		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>58,468</b>	<b>58,468</b>		
23 Insurance	<b>8,808</b>	<b>6,207</b>	<b>2,601</b>	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	<b>22,780</b>	<b>22,780</b>		
b <b>BANK AND CREDIT CARD</b>	<b>6,386</b>	<b>6,018</b>	<b>368</b>	
c <b>CONTRIBUTIONS</b>	<b>3,960</b>	<b>3,960</b>		
d <b>GIFT CARDS</b>	<b>2,355</b>	<b>2,355</b>		
e All other expenses	<b>4,448</b>	<b>3,139</b>	<b>1,309</b>	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	<b>506,506</b>	<b>437,090</b>	<b>60,554</b>	<b>8,862</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>158,687</b>	<b>1</b>	<b>98,125</b>
	<b>2</b> Savings and temporary cash investments	<b>147,151</b>	<b>2</b>	<b>127,833</b>
	<b>3</b> Pledges and grants receivable, net	<b>225,025</b>	<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>8,645</b>	<b>8</b>	<b>7,981</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	<b>1,265</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,638,206</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>217,333</b>	<b>1,218,426</b>	<b>10c</b> <b>1,420,873</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		<b>1,757,934</b>	<b>16</b>	<b>1,656,077</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>21,985</b>	<b>17</b>	<b>30,750</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	<b>183,632</b>	<b>22</b>	<b>175,991</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>593,440</b>	<b>23</b>	<b>591,930</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		<b>799,057</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>625,051</b>	<b>27</b>	<b>752,357</b>
	<b>28</b> Temporarily restricted net assets	<b>333,826</b>	<b>28</b>	<b>105,049</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>958,877</b>	<b>33</b>	<b>857,406</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>1,757,934</b>	<b>34</b>	<b>1,656,077</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>405,035</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>506,506</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-101,471</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>958,877</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>857,406</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**SERVE OUR WILLING WARRIORS**

Employer identification number

**46-0683036**

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4  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: .....
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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.)
- 11  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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2018

**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.)

**Section A. Public Support**

Calendar 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 received. (Do not include any "unusual grants.")	240,043	447,119	269,011	780,921	448,800	2,185,894
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	240,043	447,119	269,011	780,921	448,800	2,185,894
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 <b>Public support.</b> Subtract line 5 from line 4.						2,185,894

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	240,043	447,119	269,011	780,921	448,800	2,185,894
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				1,647	1,761	3,408
9 Net income from unrelated business activities, whether or not the business is regularly carried on				51,636		51,636
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					22,095	22,095
11 <b>Total support.</b> Add lines 7 through 10						2,263,033
12 Gross receipts from related activities, etc. (see instructions)					12	65,185

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.59 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported 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—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a**  The organization satisfied the Activities Test. *Complete line 2 below.*
  - 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 instructions).*

**2** Activities Test. *Answer (a) and (b) below.*

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 .....			
<b>b</b> From 2014 .....			
<b>c</b> From 2015 .....			
<b>d</b> From 2016 .....			
<b>e</b> From 2017 .....			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2014 .....			
<b>b</b> Excess from 2015 .....			
<b>c</b> Excess from 2016 .....			
<b>d</b> Excess from 2017 .....			
<b>e</b> Excess from 2018 .....			





**Schedule of Contributors**

**2018**

Attach to Form 990, Form 990-EZ, or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**SERVE OUR WILLING WARRIORS**

**46-0683036**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

**SERVE OUR WILLING WARRIORS****46-0683036****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>██████████ ██████████ ██████████ E</p> <p>██████████ ██████████</p> <p>WOODBRIDGE VA 22192-5417</p>	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<p>██████████ ██████████ ██████████</p> <p>██</p> <p>MANASSAS VA 20110-4166</p>	\$ 22,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<p>██</p> <p>████████████████████</p> <p>WOODBRIDGE VA 22193</p>	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<p>██</p> <p>████████████████████</p> <p>██████████</p> <p>WA 98109-5210</p>	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<p>██</p> <p>████████████████████</p> <p>GAINESVILLE VA 20155</p>	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<p>██</p> <p>████████████████████</p> <p>MANASSAS VA 20109</p>	\$ 10,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**SERVE OUR WILLING WARRIORS**

**46-0683036**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> HAYMARKET VA 20169	\$ 10,182	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> LEESBURG VA 20177-1290	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

SERVE OUR WILLING WARRIORS

46-0683036

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ..... %
  - b Permanent endowment ..... %
  - c Temporarily restricted endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations .....  | 3a(i)  |    |
| (ii) related organizations .....   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		<b>158,800</b>		<b>158,800</b>
b Buildings .....		<b>205,094</b>		<b>205,094</b>
c Leasehold improvements .....				
d Equipment .....				
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>363,894</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII







**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization

**SERVE OUR WILLING WARRIORS**

Employer identification number

**46-0683036**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<b>GALA</b> (event type)	<b>GOLF OUTING</b> (event type)	<b>3</b> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	132,630	32,269	110,134	275,033
	2	Less: Contributions	132,576	10,174	68,051	210,801
	3	Gross income (line 1 minus line 2)	54	22,095	42,083	64,232
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	77,749	8,802	47,165	133,716
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-69,484

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  Yes  No  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,  
28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
**Attach to Form 990 or Form 990-EZ.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open To Public  
Inspection

**SERVE OUR WILLING WARRIORS**

Employer identification number

**46-0683036**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	SHIRLEY DOMINICK WORKING CAPITAL			PRESIDENT		X		200,000	175,991
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>							\$	<b>175,991</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**SERVE OUR WILLING WARRIORS**

Employer identification number

**46-0683036**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**VISITING CHEF PROGRAM WAS A SIGNATURE ACTIVITY AT THE RETREAT AND ONE OF  
THE MOST MEMORABLE. ON SUNDAY EVENINGS, OUR GUESTS ARE TREATED TO GOURMET  
DINNERS PREPARED BY ANY ONE OF THE 40 PLUS WORLD-CLASS CHEFS FROM THE  
NORTHERN VIRGINIA AREA THAT VOLUNTEER THEIR SERVICES.**

**FORM 990, PART VI - ADDITIONAL INFORMATION**

**RELATED PARTY INFORMATION AMONG OFFICERS. SHIRLEY M DOMINICK, PRESIDENT  
AND JOHN M. DOMINICK, VICE PRESIDENT**

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

**SHIRLEY DOMINICK**

**JOHN DOMINICK**

**PRESIDENT**

**VP**

**SPOUSE**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
NO REVIEW WAS OR WILL BE CONDUCTED.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**ENFORCEMENTS OF CONFLICTS POLICY THE ORGANIZATION REQUIRES OFFICERS,  
DIRECTORS AND VOLUNTEERS TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT  
ANNUALLY. BOARD OF DIRECTORS ENSURES COMPLIANCE WITH THE POLICY**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**COMPENSATION IS REVIEWED ANNUALLY AND SET AT COMPARABLE COMPENSATION FOR**

Name of the organization

Employer identification number

**SERVE OUR WILLING WARRIORS**

**46-0683036**

**JOB DUTIES PERFORMED**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**COMPENSATION IS REVIEWED ANNUALLY AND SET AT COMPARABLE COMPENSATION FOR**

**JOB DUTIES PERFORMED**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**NO DOCUMENTS AVAILABLE TO THE PUBLIC**

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

Department of the Treasury  
Internal Revenue Service (99)

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>SERVE OUR WILLING WARRIORS</b>	Identifying number <b>46-0683036</b>
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Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	<b>1,000,000</b>
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	<b>2,500,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 .....	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	<b>58,046</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018 .....	17	<b>0</b>
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....	22	<b>58,046</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

For Paperwork Reduction Act Notice, see separate instructions.



# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Billards Table	1/01/14	2,475			2,475	7 MO S/L	1,414	354
2	BR Set- BR2 Matching	1/01/14	5,000			5,000	7 MO S/L	2,857	714
3	BR Set- BR3 Matching	1/01/14	6,000			6,000	7 MO S/L	3,429	857
4	Buffet/ Side Board	1/01/14	2,250			2,250	7 MO S/L	1,286	321
5	Chair - Drop Leaf Table	1/01/14	1,125			1,125	7 MO S/L	643	161
6	Chair - Leather Club	1/01/14	3,600			3,600	7 MO S/L	2,057	514
7	Chair - Leather Club, Americana Room	1/01/14	5,400			5,400	7 MO S/L	3,086	771
8	Chair - Leather Dining with Arms	1/01/14	21,000			21,000	7 MO S/L	12,000	3,000
9	Chair - Leather Office	1/01/14	1,800			1,800	7 MO S/L	1,029	257
10	Chair - Upholstered Side	1/01/14	1,600			1,600	7 MO S/L	914	229
11	Chair - Wingback	1/01/14	1,350			1,350	7 MO S/L	771	193
12	Chairs for Dining Room Table	1/01/14	1,000			1,000	7 MO S/L	571	143
13	Couch	1/01/14	1,500			1,500	7 MO S/L	857	214
14	Couch - 10 foot Light Blue	1/01/14	2,000			2,000	7 MO S/L	1,143	286
15	Couch - CB Leather	1/01/14	1,350			1,350	7 MO S/L	771	193
16	Couch - CB Leather Sectional	1/01/14	3,000			3,000	7 MO S/L	1,714	429
17	Couch - Dark Blue	1/01/14	1,500			1,500	7 MO S/L	857	214
18	Credenza - Black	1/01/14	2,200			2,200	7 MO S/L	1,257	314
19	Credenza - Black	1/01/14	2,000			2,000	7 MO S/L	1,143	286
20	Credenza - Mahogany with China Hutch	1/01/14	2,500			2,500	7 MO S/L	1,429	357
21	Credenza - Oak	1/01/14	1,500			1,500	7 MO S/L	857	214
22	Credenza 1 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,071	268
23	Credenza 2 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,071	268
24	Credenza 3 in DR	1/01/14	2,250			2,250	7 MO S/L	1,286	321
25	Hutch- China	1/01/14	2,625			2,625	7 MO S/L	1,500	375
26	Loveseat - CB Leather	1/01/14	1,125			1,125	7 MO S/L	643	161
27	Stools - Leather Bar	1/01/14	2,000			2,000	7 MO S/L	1,143	286
28	Table	1/01/14	1,000			1,000	7 MO S/L	571	143
29	Table - Dining Room	1/01/14	3,000			3,000	7 MO S/L	1,714	429
30	Table - Dining Room and Chair	1/01/14	4,000			4,000	7 MO S/L	2,286	571
31	Table - Hospitality	1/01/14	1,000			1,000	7 MO S/L	571	143
32	Table - Leather Topped	1/01/14	1,250			1,250	7 MO S/L	714	179
33	Table - Round Center	1/01/14	1,500			1,500	7 MO S/L	857	214
34	Table - Sofa Console in LR	1/01/14	1,000			1,000	7 MO S/L	571	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000			1,000	7 MO S/L	571	143
36	Bedroom and Living Room Furniture	1/01/15	15,000			15,000	7 MO S/L	6,429	2,142
37	Custom Banquet & Tables (booths)	1/01/15	26,523			26,523	7 MO S/L	11,367	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200			12,200	7 MO S/L	5,229	1,742
39	Chair Lift	1/01/16	9,949			9,949	7 MO S/L	2,843	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000			9,000	7 MO S/L	2,571	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000			5,000	7 MO S/L	1,429	714
42	Track Chair	1/01/17	11,947			11,947	7 MO S/L	1,707	1,706
43	Lawn Mower	4/16/18	2,999			2,999	7 MO S/L	0	303
44	Washer and Dryer	8/01/18	1,552			1,552	7 MO S/L	0	92
45	Scag Tiger Cat Mower 61"	12/04/18	8,899			8,899	7 MO S/L	0	106
46	EZGO Valor Cart	12/04/18	6,440			6,440	7 MO S/L	0	77
47	Snow Way Articulating Plow	12/04/18	4,500			4,500	7 MO S/L	0	54
48	Kiotti Mechtron Diesel UTV	12/04/18	11,700			11,700	7 MO S/L	0	0
49	Furniture for the new house	11/06/18	1,000			1,000	7 MO S/L	0	0
50	Furniture for the new house	11/06/18	7,145			7,145	7 MO S/L	0	0
51	Sets (2): Accent Chairs	11/06/18	2,000			2,000	7 MO S/L	0	0
52	Sets (2): Accent Chairs	11/06/18	1,339			1,339	7 MO S/L	0	0
53	Two Chairs for dining room table	12/20/18	240			240	7 MO S/L	0	0
54	Home completed March- 2019	12/31/18	1,287			1,287	7 MO S/L	0	0
55	Power Generators and Equipment	6/16/18	3,860			3,860	7 MO S/L	0	0
56	Water Heaters	11/21/18	2,860			2,860	7 MO S/L	0	0
57	16013 Waterfall Rd Building	12/31/14	698,670			698,670	39 MO S/L	53,744	17,914
58	Handicapped Access Ramp	12/30/15	7,800			7,800	39 MO S/L	400	200
59	House Trimming and Studding	12/30/15	5,000			5,000	39 MO S/L	256	129
60	Fans, Lights, Lumber	12/30/15	10,300			10,300	39 MO S/L	528	264
61	3 Full Kitchens	12/30/15	100,000			100,000	39 MO S/L	5,128	2,564
62	Booths in Basement	12/30/15	26,523			26,523	39 MO S/L	1,360	680
63	Garage Wheelchair Lift	12/30/15	15,000			15,000	39 MO S/L	769	385
64	Move Expenses to Buildings	12/05/16	1,846			1,846	39 MO S/L	51	48
65	Building Security System Installation	7/31/17	5,000			5,000	39 MO S/L	53	129
66	Land Design Consultants	10/01/17	26,266			26,266	39 MO S/L	168	674
68	14030 Land	12/31/14	158,800			158,800	0 -- Land	0	0
69	Barn	6/30/17	36,000			36,000	20 MO S/L	900	1,800
70	2015 Land improvements	12/30/15	58,020			58,020	15 MO S/L	7,736	3,868
71	2017 Land Improvements	7/01/17	29,500			29,500	15 MO S/L	1,019	1,967

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	Deck Materials	10/12/14	179			179	39 MO S/L	15	5
73	Reimburse for Renovation Expenses	10/13/14	446			446	39 MO S/L	37	12
74	Concret Slab	10/25/14	41			41	39 MO S/L	3	1
75	Renovation Exp	11/01/14	129			129	39 MO S/L	10	4
76	Lumber	11/11/14	653			653	39 MO S/L	53	17
77	Renovation Exp	11/12/14	9			9	39 MO S/L	1	0
78	Lowes and Home Depot Purchases	12/30/14	383			383	39 MO S/L	29	10
79	Lowes and Home Depot Purchase	12/30/14	2,021			2,021	39 MO S/L	155	52
80	Glass tile and stain	3/27/15	49			49	39 MO S/L	3	2
81	Tile	3/31/15	48			48	39 MO S/L	3	2
82	Lowes - Badger Disposal, Faucets	4/30/15	425			425	39 MO S/L	29	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117			117	39 MO S/L	8	3
84	Roof Mounted Awning	5/31/15	4,676			4,676	39 MO S/L	310	120
85	Cleaning Products, Nutz&Bolts	6/02/15	129			129	39 MO S/L	9	3
86	Improvements	6/02/15	40			40	39 MO S/L	3	1
87	Improvements	6/05/15	877			877	39 MO S/L	58	23
88	Chair Lifts	6/08/15	1,490			1,490	39 MO S/L	99	38
89	Improvements	6/08/15	117			117	39 MO S/L	8	3
90	Improvements	6/11/15	86			86	39 MO S/L	6	2
91	Improvements	6/22/15	73			73	39 MO S/L	5	2
92	Improvements	6/29/15	49			49	39 MO S/L	3	1
93	Improvements	6/29/15	345			345	39 MO S/L	22	9
94	Improvements	6/29/15	369			369	39 MO S/L	24	9
95	Improvements	6/29/15	550			550	39 MO S/L	35	14
<b>Total Other Depreciation</b>			<u>1,433,116</u>			<u>1,433,116</u>		<u>159,269</u>	<u>58,063</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,433,116</u>			<u>1,433,116</u>		<u>159,269</u>	<u>58,063</u>
<b>Grand Totals</b>			1,433,116			1,433,116		159,269	58,063
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,433,116</u>			<u>1,433,116</u>		<u>159,269</u>	<u>58,063</u>

# VA Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
<b>Other Depreciation:</b>								
1	Billards Table	1/01/14	2,475	2,475	1,414	354	354	0
2	BR Set- BR2 Matching	1/01/14	5,000	5,000	2,875	714	714	0
3	BR Set- BR3 Matching	1/01/14	6,000	6,000	3,429	857	857	0
4	Buffet/ Side Board	1/01/14	2,250	2,250	1,286	321	321	0
5	Chair - Drop Leaf Table	1/01/14	1,125	1,125	643	161	161	0
6	Chair - Leather Club	1/01/14	3,600	3,600	2,057	514	514	0
7	Chair - Leather Club, Americana Room	1/01/14	5,400	5,400	3,086	771	771	0
8	Chair - Leather Dining with Arms	1/01/14	21,000	21,000	12,000	3,000	3,000	0
9	Chair - Leather Office	1/01/14	1,800	1,800	1,029	257	257	0
10	Chair - Upholstered Side	1/01/14	1,600	1,600	914	229	229	0
11	Chair - Wingback	1/01/14	1,350	1,350	771	193	193	0
12	Chairs for Dining Room Table	1/01/14	1,000	1,000	571	143	143	0
13	Couch	1/01/14	1,500	1,500	857	214	214	0
14	Couch - 10 foot Light Blue	1/01/14	2,000	2,000	1,143	286	286	0
15	Couch - CB Leather	1/01/14	1,350	1,350	771	193	193	0
16	Couch - CB Leather Sectional	1/01/14	3,000	3,000	1,714	429	429	0
17	Couch - Dark Blue	1/01/14	1,500	1,500	857	214	214	0
18	Credenza - Black	1/01/14	2,200	2,200	1,257	314	314	0
19	Credenza - Black	1/01/14	2,000	2,000	1,143	286	286	0
20	Credenza - Mahogany with China Hutch	1/01/14	2,500	2,500	1,429	357	357	0
21	Credenza - Oak	1/01/14	1,500	1,500	857	214	214	0
22	Credenza 1 in Game Room	1/01/14	1,875	1,875	1,071	268	268	0
23	Credenza 2 in Game Room	1/01/14	1,875	1,875	1,071	268	268	0
24	Credenza 3 in DR	1/01/14	2,250	2,250	1,286	321	321	0
25	Hutch- China	1/01/14	2,625	2,625	1,500	375	375	0
26	Loveseat - CB Leather	1/01/14	1,125	1,125	643	161	161	0
27	Stools - Leather Bar	1/01/14	2,000	2,000	1,143	286	286	0
28	Table	1/01/14	1,000	1,000	571	143	143	0
29	Table - Dining Room	1/01/14	3,000	3,000	1,714	429	429	0
30	Table - Dining Room and Chair	1/01/14	4,000	4,000	2,286	571	571	0
31	Table - Hospitality	1/01/14	1,000	1,000	571	143	143	0
32	Table - Leather Topped	1/01/14	1,250	1,250	714	179	179	0
33	Table - Round Center	1/01/14	1,500	1,500	857	214	214	0
34	Table - Sofa Console in LR	1/01/14	1,000	1,000	571	143	143	0
35	Table - Square Walnut Drop Leaf	1/01/14	1,000	1,000	571	143	143	0
36	Bedroom and Living Room Furniture	1/01/15	15,000	15,000	6,429	2,142	2,142	0
37	Custom Banquet & Tables (booths)	1/01/15	26,523	26,523	11,367	3,789	3,789	0
38	Table w/ Hutch - Edelman	1/01/15	12,200	12,200	5,229	1,742	1,742	0
39	Chair Lift	1/01/16	9,949	9,949	2,843	1,421	1,421	0
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000	9,000	2,571	1,286	1,286	0
41	Wrought Iron Patio Furniture	1/01/16	5,000	5,000	1,429	714	714	0
42	Track Chair	1/01/17	11,947	11,947	1,707	1,706	1,706	0
43	Lawn Mower	4/16/18	2,999	2,999	0	303	303	0
44	Washer and Dryer	8/01/18	1,552	1,552	0	92	92	0
45	Scag Tiger Cat Mower 61"	12/04/18	8,899	8,899	0	106	106	0
46	EZGO Valor Cart	12/04/18	6,440	6,440	0	77	77	0
47	Snow Way Articulating Plow	12/04/18	4,500	4,500	0	54	54	0
48	Kioti Mechron Diesel UTV	12/04/18	11,700	11,700	0	0	0	0
49	Furniture for the new house	11/06/18	1,000	1,000	0	0	0	0
50	Furniture for the new house	11/06/18	7,145	7,145	0	0	0	0
51	Sets (2): Accent Chairs	11/06/18	2,000	2,000	0	0	0	0
52	Sets (2): Accent Chairs	11/06/18	1,339	1,339	0	0	0	0
53	Two Chairs for dining room table	12/20/18	240	240	0	0	0	0
54	Home completed March- 2019	12/31/18	1,287	1,287	0	0	0	0
55	Power Generators and Equipment	6/16/18	3,860	3,860	0	0	0	0
56	Water Heaters	11/21/18	2,860	2,860	0	0	0	0
57	16013 Waterfall Rd Building	12/31/14	698,670	698,670	53,744	17,914	17,914	0
58	Handicapped Access Ramp	12/30/15	7,800	7,800	400	200	200	0
59	House Trimming and Studding	12/30/15	5,000	5,000	256	129	129	0
60	Fans, Lights, Lumber	12/30/15	10,300	10,300	528	264	264	0
61	3 Full Kitchens	12/30/15	100,000	100,000	5,128	2,564	2,564	0
62	Booths in Basement	12/30/15	26,523	26,523	1,360	680	680	0
63	Garage Wheelchair Lift	12/30/15	15,000	15,000	769	385	385	0
64	Move Expenses to Buildings	12/05/16	1,846	1,846	51	48	48	0
65	Building Security System Installation	7/31/17	5,000	5,000	53	129	129	0
66	Land Design Consultants	10/01/17	26,266	26,266	168	674	674	0
68	14030 Land	12/31/14	158,800	158,800	0	0	0	0
69	Barn	6/30/17	36,000	36,000	900	1,800	1,800	0
70	2015 Land improvements	12/30/15	58,020	58,020	7,736	3,868	3,868	0
71	2017 Land Improvements	7/01/17	29,500	29,500	1,019	1,967	1,967	0

# VA Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
72	Deck Materials	10/12/14	179	179	15	5	5	0
73	Reimburse for Renovation Expenses	10/13/14	446	446	37	12	12	0
74	Concret Slab	10/25/14	41	41	3	1	1	0
75	Renovation Exp	11/01/14	129	129	10	4	4	0
76	Lumber	11/11/14	653	653	53	17	17	0
77	Renovation Exp	11/12/14	9	9	1	0	0	0
78	Lowes and Home Depot Purchases	12/30/14	383	383	29	10	10	0
79	Lowes and Home Depot Purchase	12/30/14	2,021	2,021	155	52	52	0
80	Glass tile and stain	3/27/15	49	49	3	2	2	0
81	Tile	3/31/15	48	48	3	2	2	0
82	Lowes - Badger Disposal, Faucets	4/30/15	425	425	29	11	11	0
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117	117	8	3	3	0
84	Roof Mounted Awning	5/31/15	4,676	4,676	310	120	120	0
85	Cleaning Products, Nutz&Bolts	6/02/15	129	129	9	3	3	0
86	Improvements	6/02/15	40	40	3	1	1	0
87	Improvements	6/05/15	877	877	58	23	23	0
88	Chair Lifts	6/08/15	1,490	1,490	99	38	38	0
89	Improvements	6/08/15	117	117	8	3	3	0
90	Improvements	6/11/15	86	86	6	2	2	0
91	Improvements	6/22/15	73	73	5	2	2	0
92	Improvements	6/29/15	49	49	3	1	1	0
93	Improvements	6/29/15	345	345	22	9	9	0
94	Improvements	6/29/15	369	369	24	9	9	0
95	Improvements	6/29/15	550	550	35	14	14	0
<b>Total Other Depreciation</b>			<u>1,433,116</u>	<u>1,433,116</u>	<u>159,287</u>	<u>58,063</u>	<u>58,063</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,433,116</u>	<u>1,433,116</u>	<u>159,287</u>	<u>58,063</u>	<u>58,063</u>	<u>0</u>
<b>Grand Totals</b>			1,433,116	1,433,116	159,287	58,063	58,063	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>1,433,116</u>	<u>1,433,116</u>	<u>159,287</u>	<u>58,063</u>	<u>58,063</u>	<u>0</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Billards Table	1/01/14	2,475			2,475	7 MO S/L	1,414	354
2	BR Set- BR2 Matching	1/01/14	5,000			5,000	7 MO S/L	2,875	714
3	BR Set- BR3 Matching	1/01/14	6,000			6,000	7 MO S/L	3,429	857
4	Buffet/ Side Board	1/01/14	2,250			2,250	7 MO S/L	1,286	321
5	Chair - Drop Leaf Table	1/01/14	1,125			1,125	7 MO S/L	643	161
6	Chair - Leather Club	1/01/14	3,600			3,600	7 MO S/L	2,057	514
7	Chair - Leather Club, Americana Room	1/01/14	5,400			5,400	7 MO S/L	3,086	771
8	Chair - Leather Dining with Arms	1/01/14	21,000			21,000	7 MO S/L	12,000	3,000
9	Chair - Leather Office	1/01/14	1,800			1,800	7 MO S/L	1,029	257
10	Chair - Upholstered Side	1/01/14	1,600			1,600	7 MO S/L	914	229
11	Chair - Wingback	1/01/14	1,350			1,350	7 MO S/L	771	193
12	Chairs for Dining Room Table	1/01/14	1,000			1,000	7 MO S/L	571	143
13	Couch	1/01/14	1,500			1,500	7 MO S/L	857	214
14	Couch - 10 foot Light Blue	1/01/14	2,000			2,000	7 MO S/L	1,143	286
15	Couch - CB Leather	1/01/14	1,350			1,350	7 MO S/L	771	193
16	Couch - CB Leather Sectional	1/01/14	3,000			3,000	7 MO S/L	1,714	429
17	Couch - Dark Blue	1/01/14	1,500			1,500	7 MO S/L	857	214
18	Credenza - Black	1/01/14	2,200			2,200	7 MO S/L	1,257	314
19	Credenza - Black	1/01/14	2,000			2,000	7 MO S/L	1,143	286
20	Credenza - Mahogany with China Hutch	1/01/14	2,500			2,500	7 MO S/L	1,429	357
21	Credenza - Oak	1/01/14	1,500			1,500	7 MO S/L	857	214
22	Credenza 1 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,071	268
23	Credenza 2 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,071	268
24	Credenza 3 in DR	1/01/14	2,250			2,250	7 MO S/L	1,286	321
25	Hutch- China	1/01/14	2,625			2,625	7 MO S/L	1,500	375
26	Loveseat - CB Leather	1/01/14	1,125			1,125	7 MO S/L	643	161
27	Stools - Leather Bar	1/01/14	2,000			2,000	7 MO S/L	1,143	286
28	Table	1/01/14	1,000			1,000	7 MO S/L	571	143
29	Table - Dining Room	1/01/14	3,000			3,000	7 MO S/L	1,714	429
30	Table - Dining Room and Chair	1/01/14	4,000			4,000	7 MO S/L	2,286	571
31	Table - Hospitality	1/01/14	1,000			1,000	7 MO S/L	571	143
32	Table - Leather Topped	1/01/14	1,250			1,250	7 MO S/L	714	179
33	Table - Round Center	1/01/14	1,500			1,500	7 MO S/L	857	214
34	Table - Sofa Console in LR	1/01/14	1,000			1,000	7 MO S/L	571	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000			1,000	7 MO S/L	571	143
36	Bedroom and Living Room Furniture	1/01/15	15,000			15,000	7 MO S/L	6,429	2,142
37	Custom Banquet & Tables (booths)	1/01/15	26,523			26,523	7 MO S/L	11,367	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200			12,200	7 MO S/L	5,229	1,742
39	Chair Lift	1/01/16	9,949			9,949	7 MO S/L	2,843	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000			9,000	7 MO S/L	2,571	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000			5,000	7 MO S/L	1,429	714
42	Track Chair	1/01/17	11,947			11,947	7 MO S/L	1,707	1,706
43	Lawn Mower	4/16/18	2,999			2,999	7 MO S/L	0	303
44	Washer and Dryer	8/01/18	1,552			1,552	7 MO S/L	0	92
45	Scag Tiger Cat Mower 61"	12/04/18	8,899			8,899	7 MO S/L	0	106
46	EZGO Valor Cart	12/04/18	6,440			6,440	7 MO S/L	0	77
47	Snow Way Articulating Plow	12/04/18	4,500			4,500	7 MO S/L	0	54
48	Kioti Mechtron Diesel UTV	12/04/18	11,700			11,700	7 MO S/L	0	0
49	Furniture for the new house	11/06/18	1,000			1,000	7 MO S/L	0	0
50	Furniture for the new house	11/06/18	7,145			7,145	7 MO S/L	0	0
51	Sets (2): Accent Chairs	11/06/18	2,000			2,000	7 MO S/L	0	0
52	Sets (2): Accent Chairs	11/06/18	1,339			1,339	7 MO S/L	0	0
53	Two Chairs for dining room table	12/20/18	240			240	7 MO S/L	0	0
54	Home completed March- 2019	12/31/18	1,287			1,287	7 MO S/L	0	0
55	Power Generators and Equipment	6/16/18	3,860			3,860	7 MO S/L	0	0
56	Water Heaters	11/21/18	2,860			2,860	7 MO S/L	0	0
57	16013 Waterfall Rd Building	12/31/14	698,670			698,670	39 MO S/L	53,744	17,914
58	Handicapped Access Ramp	12/30/15	7,800			7,800	39 MO S/L	400	200
59	House Trimming and Studding	12/30/15	5,000			5,000	39 MO S/L	256	129
60	Fans, Lights, Lumber	12/30/15	10,300			10,300	39 MO S/L	528	264
61	3 Full Kitchens	12/30/15	100,000			100,000	39 MO S/L	5,128	2,564
62	Booths in Basement	12/30/15	26,523			26,523	39 MO S/L	1,360	680
63	Garage Wheelchair Lift	12/30/15	15,000			15,000	39 MO S/L	769	385
64	Move Expenses to Buildings	12/05/16	1,846			1,846	39 MO S/L	51	48
65	Building Security System Installation	7/31/17	5,000			5,000	39 MO S/L	53	129
66	Land Design Consultants	10/01/17	26,266			26,266	39 MO S/L	168	674
68	14030 Land	12/31/14	158,800			158,800	0 -- Land	0	0
69	Barn	6/30/17	36,000			36,000	20 MO S/L	900	1,800
70	2015 Land improvements	12/30/15	58,020			58,020	15 MO S/L	7,736	3,868
71	2017 Land Improvements	7/01/17	29,500			29,500	15 MO S/L	1,019	1,967

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	Deck Materials	10/12/14	179			179	39 MO S/L	15	5
73	Reimburse for Renovation Expenses	10/13/14	446			446	39 MO S/L	37	12
74	Concret Slab	10/25/14	41			41	39 MO S/L	3	1
75	Renovation Exp	11/01/14	129			129	39 MO S/L	10	4
76	Lumber	11/11/14	653			653	39 MO S/L	53	17
77	Renovation Exp	11/12/14	9			9	39 MO S/L	1	0
78	Lowes and Home Depot Purchases	12/30/14	383			383	39 MO S/L	29	10
79	Lowes and Home Depot Purchase	12/30/14	2,021			2,021	39 MO S/L	155	52
80	Glass tile and stain	3/27/15	49			49	39 MO S/L	3	2
81	Tile	3/31/15	48			48	39 MO S/L	3	2
82	Lowes - Badger Disposal, Faucets	4/30/15	425			425	39 MO S/L	29	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117			117	39 MO S/L	8	3
84	Roof Mounted Awning	5/31/15	4,676			4,676	39 MO S/L	310	120
85	Cleaning Producs, Nutz&Bolts	6/02/15	129			129	39 MO S/L	9	3
86	Improvements	6/02/15	40			40	39 MO S/L	3	1
87	Improvements	6/05/15	877			877	39 MO S/L	58	23
88	Chair Lifts	6/08/15	1,490			1,490	39 MO S/L	99	38
89	Improvements	6/08/15	117			117	39 MO S/L	8	3
90	Improvements	6/11/15	86			86	39 MO S/L	6	2
91	Improvements	6/22/15	73			73	39 MO S/L	5	2
92	Improvements	6/29/15	49			49	39 MO S/L	3	1
93	Improvements	6/29/15	345			345	39 MO S/L	22	9
94	Improvements	6/29/15	369			369	39 MO S/L	24	9
95	Improvements	6/29/15	550			550	39 MO S/L	35	14
<b>Total Other Depreciation</b>			<u>1,433,116</u>			<u>1,433,116</u>		<u>159,287</u>	<u>58,063</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,433,116</u>			<u>1,433,116</u>		<u>159,287</u>	<u>58,063</u>
<b>Grand Totals</b>			1,433,116			1,433,116		159,287	58,063
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>1,433,116</u>			<u>1,433,116</u>		<u>159,287</u>	<u>58,063</u>

46-0683036

## Depreciation Adjustment Report All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

There are no assets that meet the criteria of this report

# Future Depreciation Report    FYE: 12/31/19

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Billards Table	1/01/14	2,475	353	353
2	BR Set- BR2 Matching	1/01/14	5,000	715	715
3	BR Set- BR3 Matching	1/01/14	6,000	857	857
4	Buffet/ Side Board	1/01/14	2,250	322	322
5	Chair - Drop Leaf Table	1/01/14	1,125	160	160
6	Chair - Leather Club	1/01/14	3,600	515	515
7	Chair - Leather Club, Americana Room	1/01/14	5,400	772	772
8	Chair - Leather Dining with Arms	1/01/14	21,000	3,000	3,000
9	Chair - Leather Office	1/01/14	1,800	257	257
10	Chair - Upholstered Side	1/01/14	1,600	228	228
11	Chair - Wingback	1/01/14	1,350	193	193
12	Chairs for Dining Room Table	1/01/14	1,000	143	143
13	Couch	1/01/14	1,500	215	215
14	Couch - 10 foot Light Blue	1/01/14	2,000	285	285
15	Couch - CB Leather	1/01/14	1,350	193	193
16	Couch - CB Leather Sectional	1/01/14	3,000	428	428
17	Couch - Dark Blue	1/01/14	1,500	215	215
18	Credenza - Black	1/01/14	2,200	315	315
19	Credenza - Black	1/01/14	2,000	285	285
20	Credenza - Mahogany with China Hutch	1/01/14	2,500	357	357
21	Credenza - Oak	1/01/14	1,500	215	215
22	Credenza 1 in Game Room	1/01/14	1,875	268	268
23	Credenza 2 in Game Room	1/01/14	1,875	268	268
24	Credenza 3 in DR	1/01/14	2,250	322	322
25	Hutch- China	1/01/14	2,625	375	375
26	Loveseat - CB Leather	1/01/14	1,125	160	160
27	Stools - Leather Bar	1/01/14	2,000	285	285
28	Table	1/01/14	1,000	143	143
29	Table - Dining Room	1/01/14	3,000	428	428
30	Table - Dining Room and Chair	1/01/14	4,000	572	572
31	Table - Hospitality	1/01/14	1,000	143	143
32	Table - Leather Topped	1/01/14	1,250	178	178
33	Table - Round Center	1/01/14	1,500	215	215
34	Table - Sofa Console in LR	1/01/14	1,000	143	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000	143	143
36	Bedroom and Living Room Furniture	1/01/15	15,000	2,143	2,143
37	Custom Banquet & Tables (booths)	1/01/15	26,523	3,789	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200	1,743	1,743
39	Chair Lift	1/01/16	9,949	1,421	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000	1,286	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000	714	714
42	Track Chair	1/01/17	11,947	1,707	1,707
43	Lawn Mower	4/16/18	2,999	429	429
44	Washer and Dryer	8/01/18	1,552	222	222
45	Scag Tiger Cat Mower 61"	12/04/18	8,899	1,271	1,271
46	EZGO Valor Cart	12/04/18	6,440	920	920
47	Snow Way Articulating Plow	12/04/18	4,500	642	642
48	Kioti Mechron Diesel UTV	12/04/18	11,700	1,671	1,671
49	Furniture for the new house	11/06/18	1,000	143	143
50	Furniture for the new house	11/06/18	7,145	1,021	1,021
51	Sets (2): Accent Chairs	11/06/18	2,000	286	286
52	Sets (2): Accent Chairs	11/06/18	1,339	191	191
53	Two Chairs for dining room table	12/20/18	240	34	34
54	Home completed March- 2019	12/31/18	1,287	184	184
55	Power Generators and Equipment	6/16/18	3,860	551	551
56	Water Heaters	11/21/18	2,860	409	409
57	16013 Waterfall Rd Building	12/31/14	698,670	17,915	17,915
58	Handicapped Access Ramp	12/30/15	7,800	200	200
59	House Trimming and Studding	12/30/15	5,000	128	128
60	Fans, Lights, Lumber	12/30/15	10,300	264	264
61	3 Full Kitchens	12/30/15	100,000	2,564	2,564
62	Booths in Basement	12/30/15	26,523	680	680
63	Garage Wheelchair Lift	12/30/15	15,000	384	384
64	Move Expenses to Buildings	12/05/16	1,846	47	47
65	Building Security System Installation	7/31/17	5,000	128	128
66	Land Design Consultants	10/01/17	26,266	673	673
68	14030 Land	12/31/14	158,800	0	0
69	Barn	6/30/17	36,000	1,800	1,800



# Future Depreciation Report    FYE: 12/31/19

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
70	2015 Land improvements	12/30/15	58,020	3,868	3,868
71	2017 Land Improvements	7/01/17	29,500	1,967	1,967
72	Deck Materials	10/12/14	179	4	4
73	Reimburse for Renovation Expenses	10/13/14	446	11	11
74	Concret Slab	10/25/14	41	1	1
75	Renovation Exp	11/01/14	129	3	3
76	Lumber	11/11/14	653	16	16
77	Renovation Exp	11/12/14	9	0	0
78	Lowes and Home Depot Purchases	12/30/14	383	10	10
79	Lowes and Home Depot Purchase	12/30/14	2,021	52	52
80	Glass tile and stain	3/27/15	49	1	1
81	Tile	3/31/15	48	1	1
82	Lowes - Badger Disposal, Faucets	4/30/15	425	11	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117	3	3
84	Roof Mounted Awning	5/31/15	4,676	119	119
85	Cleaning Producs, Nutz&Bolts	6/02/15	129	3	3
86	Improvements	6/02/15	40	1	1
87	Improvements	6/05/15	877	22	22
88	Chair Lifts	6/08/15	1,490	38	38
89	Improvements	6/08/15	117	3	3
90	Improvements	6/11/15	86	2	2
91	Improvements	6/22/15	73	1	1
92	Improvements	6/29/15	49	2	2
93	Improvements	6/29/15	345	9	9
94	Improvements	6/29/15	369	10	10
95	Improvements	6/29/15	550	14	14
<b>Total Other Depreciation</b>			<u>1,433,116</u>	<u>65,398</u>	<u>65,398</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,433,116</u>	<u>65,398</u>	<u>65,398</u>
<b>Grand Totals</b>			<u>1,433,116</u>	<u>65,398</u>	<u>65,398</u>

# VA Future Depreciation Report    FYE: 12/31/19

## Form 990, Page 1

Asset	Description	Date In Service	Cost	VA
<b>Other Depreciation:</b>				
1	Billards Table	1/01/14	2,475	353
2	BR Set- BR2 Matching	1/01/14	5,000	715
3	BR Set- BR3 Matching	1/01/14	6,000	857
4	Buffet/ Side Board	1/01/14	2,250	322
5	Chair - Drop Leaf Table	1/01/14	1,125	160
6	Chair - Leather Club	1/01/14	3,600	515
7	Chair - Leather Club, Americana Room	1/01/14	5,400	772
8	Chair - Leather Dining with Arms	1/01/14	21,000	3,000
9	Chair - Leather Office	1/01/14	1,800	257
10	Chair - Upholstered Side	1/01/14	1,600	228
11	Chair - Wingback	1/01/14	1,350	193
12	Chairs for Dining Room Table	1/01/14	1,000	143
13	Couch	1/01/14	1,500	215
14	Couch - 10 foot Light Blue	1/01/14	2,000	285
15	Couch - CB Leather	1/01/14	1,350	193
16	Couch - CB Leather Sectional	1/01/14	3,000	428
17	Couch - Dark Blue	1/01/14	1,500	215
18	Credenza - Black	1/01/14	2,200	315
19	Credenza - Black	1/01/14	2,000	285
20	Credenza - Mahogany with China Hutch	1/01/14	2,500	357
21	Credenza - Oak	1/01/14	1,500	215
22	Credenza 1 in Game Room	1/01/14	1,875	268
23	Credenza 2 in Game Room	1/01/14	1,875	268
24	Credenza 3 in DR	1/01/14	2,250	322
25	Hutch- China	1/01/14	2,625	375
26	Loveseat - CB Leather	1/01/14	1,125	160
27	Stools - Leather Bar	1/01/14	2,000	285
28	Table	1/01/14	1,000	143
29	Table - Dining Room	1/01/14	3,000	428
30	Table - Dining Room and Chair	1/01/14	4,000	572
31	Table - Hospitality	1/01/14	1,000	143
32	Table - Leather Topped	1/01/14	1,250	178
33	Table - Round Center	1/01/14	1,500	215
34	Table - Sofa Console in LR	1/01/14	1,000	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000	143
36	Bedroom and Living Room Furniture	1/01/15	15,000	2,143
37	Custom Banquet & Tables (booths)	1/01/15	26,523	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200	1,743
39	Chair Lift	1/01/16	9,949	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000	714
42	Track Chair	1/01/17	11,947	1,707
43	Lawn Mower	4/16/18	2,999	429
44	Washer and Dryer	8/01/18	1,552	222
45	Scag Tiger Cat Mower 61"	12/04/18	8,899	1,271
46	EZGO Valor Cart	12/04/18	6,440	920
47	Snow Way Articulating Plow	12/04/18	4,500	642
48	Kioti Mechron Diesel UTV	12/04/18	11,700	1,671
49	Furniture for the new house	11/06/18	1,000	143
50	Furniture for the new house	11/06/18	7,145	1,021
51	Sets (2): Accent Chairs	11/06/18	2,000	286
52	Sets (2): Accent Chairs	11/06/18	1,339	191
53	Two Chairs for dining room table	12/20/18	240	34
54	Home completed March- 2019	12/31/18	1,287	184
55	Power Generators and Equipment	6/16/18	3,860	551
56	Water Heaters	11/21/18	2,860	409
57	16013 Waterfall Rd Building	12/31/14	698,670	17,915
58	Handicapped Access Ramp	12/30/15	7,800	200
59	House Trimming and Studding	12/30/15	5,000	128
60	Fans, Lights, Lumber	12/30/15	10,300	264
61	3 Full Kitchens	12/30/15	100,000	2,564
62	Booths in Basement	12/30/15	26,523	680
63	Garage Wheelchair Lift	12/30/15	15,000	384
64	Move Expenses to Buildings	12/05/16	1,846	47
65	Building Security System Installation	7/31/17	5,000	128
66	Land Design Consultants	10/01/17	26,266	673
68	14030 Land	12/31/14	158,800	0
69	Barn	6/30/17	36,000	1,800

# VA Future Depreciation Report    FYE: 12/31/19

## Form 990, Page 1

Asset	Description	Date In Service	Cost	VA
70	2015 Land improvements	12/30/15	58,020	3,868
71	2017 Land Improvements	7/01/17	29,500	1,967
72	Deck Materials	10/12/14	179	4
73	Reimburse for Renovation Expenses	10/13/14	446	11
74	Concret Slab	10/25/14	41	1
75	Renovation Exp	11/01/14	129	3
76	Lumber	11/11/14	653	16
77	Renovation Exp	11/12/14	9	0
78	Lowes and Home Depot Purchases	12/30/14	383	10
79	Lowes and Home Depot Purchase	12/30/14	2,021	52
80	Glass tile and stain	3/27/15	49	1
81	Tile	3/31/15	48	1
82	Lowes - Badger Disposal, Faucets	4/30/15	425	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117	3
84	Roof Mounted Awning	5/31/15	4,676	119
85	Cleaning Products, Nutz&Bolts	6/02/15	129	3
86	Improvements	6/02/15	40	1
87	Improvements	6/05/15	877	22
88	Chair Lifts	6/08/15	1,490	38
89	Improvements	6/08/15	117	3
90	Improvements	6/11/15	86	2
91	Improvements	6/22/15	73	1
92	Improvements	6/29/15	49	2
93	Improvements	6/29/15	345	9
94	Improvements	6/29/15	369	10
95	Improvements	6/29/15	550	14
	<b>Total Other Depreciation</b>		<u>1,433,116</u>	<u>65,398</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,433,116</u>	<u>65,398</u>
	<b>Grand Totals</b>		<u>1,433,116</u>	<u>65,398</u>

Federal Depreciation Report with Situs

46-0683036  
FYE: 12/31/2018

Asset #	Property Description	Date In Service	Tax Period	Tax Method	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Situs
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Activity: Form 990, Page 1

<b>Group: Barn</b>												
69	Barn	6/30/17	20.00	S/L	36,000.00	0.00	0.00	900.00	1,800.00	2,700.00	33,300.00	Virginia
					<u>36,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>900.00</u>	<u>1,800.00</u>	<u>2,700.00</u>	<u>33,300.00</u>	

<b>Group: Building and Improvement</b>												
57	16013 Waterfall Rd Buildi	12/31/14	39.00	S/L	698,670.27	0.00	0.00	53,743.87	17,914.62	71,658.49	627,011.78	Virginia
58	Handicapped Access Ram	12/30/15	39.00	S/L	7,800.00	0.00	0.00	400.00	200.00	600.00	7,200.00	Virginia
59	House Trimming and Stud	12/30/15	39.00	S/L	5,000.00	0.00	0.00	256.41	128.21	384.62	4,615.38	Virginia
60	Fans, Lights, Lumber	12/30/15	39.00	S/L	10,300.00	0.00	0.00	528.21	264.10	792.31	9,507.69	Virginia
61	3 Full Kitchens	12/30/15	39.00	S/L	100,000.00	0.00	0.00	5,128.21	2,564.10	7,692.31	92,307.69	Virginia
62	Booths in Basement	12/30/15	39.00	S/L	26,523.00	0.00	0.00	1,360.15	680.08	2,040.23	24,482.77	Virginia
63	Garage Wheelchair Lift	12/30/15	39.00	S/L	15,000.00	0.00	0.00	769.23	384.62	1,153.85	13,846.15	Virginia
64	Move Expenses to Buildin	12/05/16	39.00	S/L	1,846.27	0.00	0.00	51.29	47.34	98.63	1,747.64	Virginia
65	Building Security System	7/31/17	39.00	S/L	5,000.00	0.00	0.00	53.42	128.21	181.63	4,818.37	Virginia
66	Land Design Consultants	10/01/17	39.00	S/L	26,266.25	0.00	0.00	168.37	673.49	841.86	25,424.39	Virginia
72	Deck Materials	10/12/14	39.00	S/L	178.95	0.00	0.00	14.91	4.59	19.50	159.45	Virginia
73	Reimburse for Renovation	10/13/14	39.00	S/L	445.83	0.00	0.00	37.15	11.43	48.58	397.25	Virginia
74	Concrete Slab	10/25/14	39.00	S/L	41.23	0.00	0.00	3.35	1.06	4.41	36.82	Virginia
75	Renovation Exp	11/01/14	39.00	S/L	128.67	0.00	0.00	10.45	3.30	13.75	114.92	Virginia
76	Lumber	11/1/14	39.00	S/L	652.85	0.00	0.00	53.01	16.74	69.75	583.10	Virginia
77	Renovation Exp	11/12/14	39.00	S/L	8.66	0.00	0.00	0.70	0.22	0.92	7.74	Virginia
78	Lowes and Home Depot P	12/30/14	39.00	S/L	382.63	0.00	0.00	29.43	9.81	39.24	343.39	Virginia
79	Lowes and Home Depot P	12/30/14	39.00	S/L	2,021.43	0.00	0.00	155.49	51.83	207.32	1,814.11	Virginia
80	Class tile and stain	3/27/15	39.00	S/L	49.28	0.00	0.00	3.47	1.26	4.73	44.55	Virginia
81	Tile	3/31/15	39.00	S/L	48.44	0.00	0.00	3.42	1.24	4.66	43.78	Virginia
82	Lowes - Badger Disposal,	4/30/15	39.00	S/L	424.98	0.00	0.00	29.06	10.90	39.96	385.02	Virginia
83	Lowes - 2 Delta H20 Kine	4/30/15	39.00	S/L	116.56	0.00	0.00	7.97	2.99	10.96	105.60	Virginia
84	Roof Mounted Awning	5/31/15	39.00	S/L	4,675.50	0.00	0.00	309.70	119.88	429.58	4,245.92	Virginia
85	Cleaning Products, Nutz&I	6/02/15	39.00	S/L	128.54	0.00	0.00	8.51	3.30	11.81	116.73	Virginia
86	Improvements	6/02/15	39.00	S/L	39.52	0.00	0.00	2.62	1.01	3.63	35.89	Virginia
87	Improvements	6/05/15	39.00	S/L	877.31	0.00	0.00	58.11	22.50	80.61	796.70	Virginia
88	Chair Lifts	6/08/15	39.00	S/L	1,490.00	0.00	0.00	98.70	38.21	136.91	1,353.09	Virginia
89	Improvements	6/08/15	39.00	S/L	116.60	0.00	0.00	7.72	2.99	10.71	105.89	Virginia
90	Improvements	6/11/15	39.00	S/L	85.51	0.00	0.00	5.66	2.19	7.85	77.66	Virginia
91	Improvements	6/22/15	39.00	S/L	72.52	0.00	0.00	4.65	1.86	6.51	66.01	Virginia
92	Improvements	6/29/15	39.00	S/L	48.51	0.00	0.00	3.11	1.24	4.35	44.16	Virginia
93	Improvements	6/29/15	39.00	S/L	344.63	0.00	0.00	22.09	8.84	30.93	313.70	Virginia
94	Improvements	6/29/15	39.00	S/L	368.77	0.00	0.00	23.64	9.46	33.10	335.67	Virginia
95	Improvements	6/29/15	39.00	S/L	549.69	0.00	0.00	35.24	14.09	49.33	500.36	Virginia
<b>Building and Improvement</b>					<u>999,702.40</u>	<u>0.00</u>	<u>0.00</u>	<u>63,387.32</u>	<u>23,325.71</u>	<u>86,713.03</u>	<u>822,989.37</u>	

<b>Group: Furniture and Fixtures</b>												
1	Billards Table	1/01/14	7.00	S/L	2,475.00	0.00	0.00	1,414.29	353.57	1,767.86	707.14	Virginia
2	BR Set- BR2 Matching	1/01/14	7.00	S/L	5,000.00	0.00	0.00	2,857.14	714.29	3,571.43	1,428.57	Virginia
3	BR Set- BR3 Matching	1/01/14	7.00	S/L	6,000.00	0.00	0.00	3,428.57	857.14	4,285.71	1,714.29	Virginia
4	Bufet/ Side Board	1/01/14	7.00	S/L	2,250.00	0.00	0.00	1,285.71	321.43	1,607.14	642.86	Virginia
5	Chair - Drop Leaf Table	1/01/14	7.00	S/L	1,125.00	0.00	0.00	642.86	160.71	803.57	321.43	Virginia

**Federal Depreciation Report with Situs**

Asset	Property Description	Date In Service	Tax Period	Tax Method	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Situs
6	Chair - Leather Club	1/01/14	7.00	S/L	3,600.00	0.00	0.00	2,057.14	514.29	2,571.43	1,028.57	Virginia
7	Chair - Leather Club, Arme	1/01/14	7.00	S/L	5,400.00	0.00	0.00	3,085.71	771.43	3,857.14	1,542.86	Virginia
8	Chair - Leather Dining wit	1/01/14	7.00	S/L	21,000.00	0.00	0.00	12,000.00	3,000.00	15,000.00	6,000.00	Virginia
9	Chair - Leather Office	1/01/14	7.00	S/L	1,800.00	0.00	0.00	1,028.57	257.14	1,285.71	514.29	Virginia
10	Chair - Upholstered Side	1/01/14	7.00	S/L	1,600.00	0.00	0.00	914.29	228.57	1,142.86	457.14	Virginia
11	Chair - Wingback	1/01/14	7.00	S/L	1,350.00	0.00	0.00	771.43	192.86	964.29	385.71	Virginia
12	Chairs for Dining Room T	1/01/14	7.00	S/L	1,000.00	0.00	0.00	571.43	142.86	714.29	285.71	Virginia
13	Couch	1/01/14	7.00	S/L	1,500.00	0.00	0.00	857.14	214.29	1,071.43	428.57	Virginia
14	Couch - 10 foot Light Blue	1/01/14	7.00	S/L	2,000.00	0.00	0.00	1,142.86	285.71	1,428.57	571.43	Virginia
15	Couch - CB Leather	1/01/14	7.00	S/L	1,350.00	0.00	0.00	771.43	192.86	964.29	385.71	Virginia
16	Couch - CB Leather Sectic	1/01/14	7.00	S/L	3,000.00	0.00	0.00	1,714.29	428.57	2,142.86	857.14	Virginia
17	Couch - Dark Blue	1/01/14	7.00	S/L	1,500.00	0.00	0.00	857.14	214.29	1,071.43	428.57	Virginia
18	Credenza - Black	1/01/14	7.00	S/L	2,200.00	0.00	0.00	1,257.14	314.29	1,571.43	571.43	Virginia
19	Credenza - Black	1/01/14	7.00	S/L	2,000.00	0.00	0.00	1,142.86	285.71	1,428.57	571.43	Virginia
20	Credenza - Mahogany wit	1/01/14	7.00	S/L	2,500.00	0.00	0.00	1,428.57	357.14	1,785.71	714.29	Virginia
21	Credenza - Oak	1/01/14	7.00	S/L	1,500.00	0.00	0.00	857.14	214.29	1,071.43	428.57	Virginia
22	Credenza 1 in Game Room	1/01/14	7.00	S/L	1,875.00	0.00	0.00	1,071.43	267.86	1,339.29	535.71	Virginia
23	Credenza 2 in Game Room	1/01/14	7.00	S/L	1,875.00	0.00	0.00	1,071.43	267.86	1,339.29	535.71	Virginia
24	Credenza 3 in DR	1/01/14	7.00	S/L	2,250.00	0.00	0.00	1,285.71	321.43	1,607.14	642.86	Virginia
25	Hutch- China	1/01/14	7.00	S/L	2,625.00	0.00	0.00	1,500.00	375.00	1,875.00	750.00	Virginia
26	Loveseat - CB Leather	1/01/14	7.00	S/L	1,125.00	0.00	0.00	642.86	160.71	803.57	321.43	Virginia
27	Stools - Leather Bar	1/01/14	7.00	S/L	2,000.00	0.00	0.00	1,142.86	285.71	1,428.57	571.43	Virginia
28	Table	1/01/14	7.00	S/L	1,000.00	0.00	0.00	571.43	142.86	714.29	285.71	Virginia
29	Table - Dining Room	1/01/14	7.00	S/L	3,000.00	0.00	0.00	1,714.29	428.57	2,142.86	857.14	Virginia
30	Table - Dining Room and	1/01/14	7.00	S/L	4,000.00	0.00	0.00	2,285.71	571.43	2,857.14	1,142.86	Virginia
31	Table - Hospitality	1/01/14	7.00	S/L	1,000.00	0.00	0.00	571.43	142.86	714.29	285.71	Virginia
32	Table - Leather Topped	1/01/14	7.00	S/L	1,250.00	0.00	0.00	714.29	178.57	892.86	357.14	Virginia
33	Table - Round Center	1/01/14	7.00	S/L	1,500.00	0.00	0.00	857.14	214.29	1,071.43	428.57	Virginia
34	Table - Sofa Console in LI	1/01/14	7.00	S/L	1,000.00	0.00	0.00	571.43	142.86	714.29	285.71	Virginia
35	Table - Square Walnut Drc	1/01/14	7.00	S/L	1,000.00	0.00	0.00	571.43	142.86	714.29	285.71	Virginia
36	Bedroom and Living Room	1/01/15	7.00	S/L	15,000.00	0.00	0.00	6,428.57	2,142.86	8,571.43	6,428.57	Virginia
37	Custom Banquet & Tables	1/01/15	7.00	S/L	26,523.00	0.00	0.00	11,367.00	3,789.00	15,156.00	11,367.00	Virginia
38	Table w/ Hutch - Edelman	1/01/16	7.00	S/L	12,200.00	0.00	0.00	5,228.57	1,742.86	6,971.43	5,228.57	Virginia
39	Chair Lift	1/01/16	7.00	S/L	9,949.00	0.00	0.00	2,842.57	1,421.29	4,263.86	5,685.14	Virginia
40	Gently used Ex Mark Laze	1/01/16	7.00	S/L	9,000.00	0.00	0.00	2,571.43	1,285.71	3,857.14	5,142.86	Virginia
41	Wrought Iron Patio Furnit	1/01/16	7.00	S/L	5,000.00	0.00	0.00	1,428.57	714.29	2,142.86	2,857.14	Virginia
42	Track Chair	1/01/17	7.00	S/L	11,947.00	0.00	0.00	1,706.71	303.47	3,413.42	8,533.58	Virginia
43	Lawn Mower	4/16/18	7.00	S/L	2,999.00	0.00	0.00	0.00	303.47	303.47	2,695.53	Virginia
44	Washer and Dryer	8/01/18	7.00	S/L	1,552.00	0.00	0.00	0.00	92.38	92.38	1,459.62	Virginia
45	Scag Tiger Cat Mower 61"	12/04/18	7.00	S/L	8,899.00	0.00	0.00	0.00	105.94	105.94	8,793.06	Virginia
46	EZGO Valor Cart	12/04/18	7.00	S/L	6,440.00	0.00	0.00	0.00	76.67	76.67	6,363.33	Virginia
47	Snow Way Articulating Pl	12/04/18	7.00	S/L	4,500.00	0.00	0.00	0.00	53.57	53.57	4,446.43	Virginia
48	Kroft Mechon Diesel UTV	12/04/18	7.00	S/L	11,700.00	0.00	0.00	0.00	0.00	0.00	11,700.00	Virginia
49	Furniture for the new hous	11/06/18	7.00	S/L	1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00	Virginia
50	Furniture for the new hous	11/06/18	7.00	S/L	7,145.09	0.00	0.00	0.00	0.00	0.00	7,145.09	Virginia
51	Sets (2): Accent Chairs	11/06/18	7.00	S/L	2,000.00	0.00	0.00	0.00	0.00	0.00	2,000.00	Virginia
52	Sets (2): Accent Chairs	11/06/18	7.00	S/L	1,339.43	0.00	0.00	0.00	0.00	0.00	1,339.43	Virginia
53	Two Chairs for dining foot	12/20/18	7.00	S/L	240.00	0.00	0.00	0.00	0.00	0.00	240.00	Virginia
54	Home completed March-2	12/31/18	7.00	S/L	1,286.60	0.00	0.00	0.00	0.00	0.00	1,286.60	Virginia

Activity: Form 990, Page 1 | Group: Furniture and Fixtures (continued)

**Federal Depreciation Report with Situs**

Asset Id	Property Description	Date In Service	Tax Period	Tax Method	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Situs
<b>Activity: Form 990, Page 1   Group: Furniture and Fixtures (continued)</b>												
55	Power Generators and Equ	6/16/18	7.00	S/L	3,860.00	0.00	0.00	0.00	0.00	0.00	3,860.00	Virginia
56	Water Heaters	11/21/18	7.00	S/L	2,860.00	0.00	0.00	0.00	0.00	0.00	2,860.00	Virginia
	<b>Furniture and Fixtures</b>				<u>241,090.12</u>	<u>0.00</u>	<u>0.00</u>	<u>86,230.57</u>	<u>27,099.06</u>	<u>113,329.63</u>	<u>127,760.49</u>	
<b>Group: Land</b>												
68	14030 Land	12/31/14	0.00	Land	158,800.00	0.00	0.00	0.00	0.00	0.00	158,800.00	Virginia
	<b>Land</b>				<u>158,800.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>158,800.00</u>	
<b>Group: Land Improvements</b>												
70	2015 Land Improvements	12/30/15	15.00	S/L	58,020.00	0.00	0.00	7,736.00	3,868.00	11,604.00	46,416.00	Virginia
71	2017 Land Improvements	7/01/17	15.00	S/L	29,500.00	0.00	0.00	1,019.44	1,966.67	2,986.11	26,513.89	Virginia
	<b>Land Improvements</b>				<u>87,520.00</u>	<u>0.00</u>	<u>0.00</u>	<u>8,755.44</u>	<u>5,834.67</u>	<u>14,590.11</u>	<u>72,929.89</u>	
					<u>1,433,112.52</u>	<u>0.00</u>	<u>0.00</u>	<u>159,273.33</u>	<u>58,059.44</u>	<u>217,332.77</u>	<u>1,215,779.75</u>	
	<b>Grand Total</b>				<u>1,433,112.52</u>	<u>0.00</u>	<u>0.00</u>	<u>159,273.33</u>	<u>58,059.44</u>	<u>217,332.77</u>	<u>1,215,779.75</u>	

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2018</b>
For calendar year 2018, or tax year beginning _____, and ending _____		

Name <b>SERVE OUR WILLING WARRIORS</b>	Employer Identification Number <b>46-0683036</b>
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		(a) Other event <b>OTHER FUNDRAISI</b> (event type)	(b) Other event _____ (event type)	(c) Other event _____ (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>110,134</b>			<b>110,134</b>
	<b>2</b> Less: Charitable contributions	<b>68,051</b>			<b>68,051</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>42,083</b>			<b>42,083</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>47,165</b>			<b>47,165</b>

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 1,761		14			
TOTAL	<u>\$ 1,761</u>					



Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL PROCESSING	\$ 600	\$	\$ 600	\$
RECRUITMENT	306		306	
TOTAL	<u>906</u>	<u>0</u>	<u>906</u>	<u>0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEALS	\$ 1,972	\$ 1,972		\$
BUSINESS REGISTRATION	1,210		1,210	
MEMBERSHIP FEES	667		568	99
IN KIND GIFT CARDS	326		326	
SUBSCRIPTIONS	260		260	
SALES TAX	13		13	
TOTAL	<u>4,448</u>	<u>3,139</u>	<u>1,309</u>	<u>0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FEDERATED CAMPAIGNS	\$ 2,333
DIRECT PUBLIC SUPPORT	225,438
FUNDRAISERS	350
RESTRICTED	9,878
GALA	
CASH CONTRIBUTION	132,576
GOLF OUTING	
CASH CONTRIBUTION	10,174
OTHER FUNDRAISING	
CASH CONTRIBUTION	59,887
NONCASH CONTRIBUTION	8,164
TOTAL	<u>\$ 448,800</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 1,761
TOTAL	<u>\$ 1,761</u>

Schedule A, Part II, Line 9(e)

Description	Amount
DISCOUNTS	\$ 856
GALA	-77,695
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -77,839</u>

Federal Statements

Schedule A, Part II, Line 10(e)

Description	Amount
GOLF OUTTING	\$ 22,095
TOTAL	\$ 22,095

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM REVENUE	\$ 23,102
OTHER FUNDRAISING	42,083
TOTAL	\$ 65,185

# Federal Statements

## Gala

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>77,749</u>
TOTAL	\$ <u><u>77,749</u></u>

**Golf Outing****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>8,802</u>
TOTAL	\$ <u><u>8,802</u></u>

**Other Fundraising****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ 47,165
TOTAL	\$ <u>47,165</u>

# Federal Statements

## Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 16,725
PAYROLL LIABILITIES	<u>14,025</u>
TOTAL	<u>\$ 30,750</u>

## Virginia Diagnostics

### Critical Messages

None

### Electronic Filing

None

### Informational Messages

This return is marked to be filed electronically





**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526

Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-102 Revised 04/18

**REMITTANCE FORM  
CHARITABLE ORGANIZATION  
FORM 102**

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Organization name: SERVE OUR WILLING WARRIORS

Address: 16013 WATERFALL ROAD

HAYMARKET VA 20169-2126

Federal Employer Identification Number: 46-0683036

**REGISTRATION FEE AMOUNT**

Your annual registration, which includes the annual fee payment, is due every year, four months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

**Initial:** First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

**Late:** If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. You will **never pay** an initial and late registration fee at the same time.

**Annual:** See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ \_\_\_\_\_ (910-02184)

Late Registration Fee (\$100): \$ \_\_\_\_\_ (910-02184)

Annual Registration Fee: \$ 200 (910-02619)  
(See pg. 6 of Form 102)

Total Fees: \$ 200

To assist us in tracking your payment,  
please enter your **Check Number:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:**

**Virginia Department of Agriculture and Consumer Services  
P.O. Box 526  
Richmond, VA 23218-0526**



7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia  Yes  No

**If "Yes,"**

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?  
 Yes  No

**If "Yes,"** a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

8. Please check one:

	Type of organization
<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

9. Date of incorporation or formation: \_\_\_\_\_

10. In what city was the organization legally established? \_\_\_\_\_  
City State

11. What is the main purpose of the charitable organization?  
SEE STATEMENT 1

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

\_\_\_\_\_  
 Name and Company Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
City State Zip Code

13. Organization's fiscal year:  
 a) Dates of the **CURRENT** fiscal year: From: \_\_\_\_\_ To: \_\_\_\_\_

b) Has the organization recently changed its fiscal year?  Yes  No  
**If "Yes,"** then provide the dates of the "short" fiscal year:  
 From: \_\_\_\_\_ To: \_\_\_\_\_

14. Is the organization exempt under the Internal Revenue Code?  Yes  No

15. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

SEE STATEMENT 2

b) Full name and title of the individuals who approve the organization's budget:

c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

Yes  No If "Yes," then attach a statement providing a description of the pertinent facts.

d) For the **CURRENT** fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will **not** accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include **titles**. Addresses are not required if the named individuals are to be contacted at the organization's primary address. SEE STATEMENT 3

16. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year**:

**16(A): Percentage of fundraising expenses:**

- 1) Total amount of contributions received directly from the public:  
(found on the IRS Form 990, Part VIII, line 1h (less government grants)) \$ 448,800
- 2) Total spent on fundraising, including contracts with professional  
fund-raising counsel or professional solicitors: \$ 8,862  
(found on the IRS Form 990, Part IX, Line 25, Column D)
- 3) Percent of fundraising expenses:  
(found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) 1.9746 %
- 4) For Federated fund-raising organizations **ONLY**: State the percentage  
withheld from a donation designated for a member agency: \_\_\_\_\_ %

**16(B): Percentage of charitable services expenses:**

- 1) Total amount of expenses dedicated to providing charitable services:  
(found on the IRS Form 990, Part IX – Line 25, Column B) \$ 437,090
- 2) Total amount of expenses of the organization:  
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 506,506
- 3) Percent of program services expenses:  
(found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) 86.2951 %

**16(C): Percentage of administrative expenses:**

- 1) Total amount of expenses dedicated to administrative costs:  
 (found on the IRS Form 990, Part IX – Line 25, Column C) \$ 60,554
- 2) Total amount of expenses of the organization:  
 (found on the IRS Form 990, Part IX – Line 25, Column A) \$ 506,506
- 3) Percent of administrative expenses:  
 (found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 11.9552 %

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes  No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fundraising organizations, etc.) conduct solicitations on its behalf?

Yes  No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes  No **If “Yes” to question 19, please indicate the arrangement with your agency by checking below:**

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

**If in Question 19 either B or C are checked, then please provide the following information:**

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

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b) **Attach a copy of the organization’s current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

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21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes  No **If “Yes,” then name all such agencies. Submit an attachment if necessary.**

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22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes  No **If "Yes,"** then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes  No **If "Yes,"** then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

X	Type of Solicitation
	Telephone
	Direct mail
	Internet
X	Special events
	Door-to-door
X	Personal contact
	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

i) Are all questions on the form answered?

Yes  No **If "No,"** then the registration will be considered incomplete.

ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

Yes  No **If "No,"** then the registration will be considered incomplete.

26. OATH OR AFFIRMATION.

**\*Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. Copies are not allowed.**

**We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.**

**We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.**

\_\_\_\_\_  
Signature of the **chief fiscal officer, chief financial officer, or treasurer**

MICHELLE BUCKLES

Print name

TREASURER

Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the **president or other authorized officer**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel *are effective, if complete, upon receipt* by the Commissioner." For more information on determining whether your registration is complete, see:

<http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf> .

**Rules Governing the Solicitation of Contributions:** <http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf> .



**SCHEDULE OF REGISTRATION FEES**

**FEE CRITERIA\***

- \$30 If your **gross contributions** for the preceding year do not exceed \$25,000
- \$50 If your **gross contributions** exceed \$25,000, but do not exceed \$50,000
- \$100 If your **gross contributions** exceed \$50,000, but do not exceed \$100,000
- \$200 If your **gross contributions** exceed \$100,000, but do not exceed \$500,000
- \$250 If your **gross contributions** exceed \$500,000, but do not exceed one million dollars
- \$325 If your **gross contributions** exceed one million dollars

- **“Gross contributions”** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 **in addition to the applicable annual registration fee.**

**\*\* Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

**\*COMPUTATION OF FEE CRITERIA**

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 448,800

**Subtract**

- Funds received from federated fundraising organization (FFO)\*\* (IRS Form 990, Part VIII, Line 1a): B 2,333
- Government Grants (IRS Form 990, Part VIII, Line 1e) C \_\_\_\_\_

Total Deductions (add Lines B and C) D 2,333

**GROSS CONTRIBUTIONS (subtract Line D from Line A) E 446,467**

\*\*The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:

Name of FFO: \_\_\_\_\_

**Statement 1 - Form 102, Page 2, Question 11 - Main Purpose of the Charitable Organization**Description

OUR MISSION IS TO PROVIDE OUR COUNTRY'S RECOVERING WOUNDED, ILL OR INJURED WARRIORS, DISABLED VETERANS AND THEIR FAMILIES WITH ENCOURAGEMENT, SUPPORT AND RESPITE STAYS AT THE BULL RUN WARRIOR RETREAT.

**Statement 2 - Form 102, Page 3, Question 15a - Individuals Having Signatory Power Over Funds**NameTitle

MICHELLE BUCKLES

TREASURER

Virginia Statements

Statement 3 - Form 102, Page 3, Question 15d - Names of Organization's Officers,  
Directors, Trustees, and Principal Salaried Staff

Name \_\_\_\_\_ Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Foreign Province \_\_\_\_\_  
or State \_\_\_\_\_ Title \_\_\_\_\_

JEFFREY KENDALL SAPP							EXECUTIVE DIRECTOR	
SHIRLEY DOMINICK	HAYMARKET	5501	MERCHANT	VIEW	SQUARE	SUITE	263	PRESIDENT/FOUNDER
MICHELLE BUCKLES	HAYMARKET	5501	MERCHANT	VIEW	SQUARE	SUITE	263	TREASURER
JOHN DOMINICK								VP/CO-FOUNDER
PETER BAKER								OFFICER
LARRY ZILLIOX								OFFICER
RICHARD BROOKS								OFFICER
MARK SHAABER								SECRETARY
GEORGE MCLAMB								OFFICER
EMILY LAPPAT								EXECUTIVE DIRECTOR

**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

<b>Corporation Name</b> SERVE OUR WILLING WARRIORS	<b>Federal ID Number</b> 46-0683036
<b>Part I Tax Return Information</b>	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
<b>Part II Declaration and Signature Authorization of Officer</b>	
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2018 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>	
<p><b>Officer's e-File PIN: check one box only</b></p> <p><input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <span style="border: 1px solid black; padding: 2px;">83036</span> as my signature on the corporation's 2018 electronic Virginia corporation income tax return.</p> <p style="text-align: center;"><b>Do not enter all zeros</b></p> <p style="text-align: center;"><u>HUEY AND ASSOCIATES, P.C.</u></p> <p style="text-align: center;">ERO Firm Name</p> <p><input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2018 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.</p>	
<p>Your Signature _____ Date <u>10/31/19</u></p>	
<b>Part III Certification and Authentication</b>	
<p><b>ERO's EFIN/PIN:</b> Enter your six digit EFIN followed by your five digit self-selected PIN. <span style="border: 1px solid black; padding: 2px;">54262320003</span></p> <p style="text-align: center;"><b>Do not enter all zeros</b></p> <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>	
<p>ERO's Signature <u>JONATHAN L NICHOLS, CPA</u> Date <u>10/31/19</u></p>	

**2018 Virginia  
Schedule 500FED**

**Corporation Schedule of  
Federal Line Items**



**Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.**

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return SERVE OUR WILLING WARRIORS FEIN 46-0683036

**Form 1120 – Deductions and Taxable Income**

1. Reserved for Future Use	1.	
2. Federal Taxable Income before NOL and Special Deductions	2.	.00
3. Net Operating Loss Deduction	3.	.00
4. Special Deductions	4.	1,000.00
5. Federal Taxable Income after NOL and Special Deductions	5.	.00

**Form 1120, Schedule C – Dividends and Special Deductions**

6. Subpart F Income	6.	.00
7. Gross-Up for Foreign Taxes Deemed Paid	7.	.00

**Form 1120, Schedule K or M-1**

8. Tax Exempt Interest	8.	.00
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**Form 5884 – Work Opportunity Credit**

9. Salaries and Wages not deducted due to the WOTC	9.	.00
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**Form 4562 – Special Depreciation Allowance and Other Depreciation**

10. Special depreciation allowance for qualified property placed in service during the taxable year	10.	.00
11. Property subject to 168(f)(1) election	11.	.00
12. Other depreciation	12.	58,046.00

**Form 1118, Schedule A – Income or Loss Before Adjustments - Gross Income or Loss**

13. Total: Dividends (Exclude Gross-Up)	13.	.00
14. Total: Dividends (Gross-up)	14.	.00
15. Total: Inclusions (Exclude Gross-up)	15.	.00
16. Total: Inclusions (Gross-up)	16.	.00
17. Total: Interest	17.	.00
18. Total: Gross Rents, Royalties, and License Fees	18.	.00
19. Total: Gross Income from Performance of Services	19.	.00
20. Total: Other	20.	.00
21. Total: Total Gross Income or Loss from Outside the US	21.	.00

**Form 1118, Schedule A – Income or Loss Before Adjustments - Deductions**

22. Total: Allocable – Rental, Royalty, and Licensing Expenses – Depreciation, Depletion, and Amortization	22.	.00
23. Total: Allocable – Rental, Royalty, and Licensing Expenses - Other Expenses	23.	.00
24. Total: Allocable – Expenses Related to Gross Income from Performance of Services	24.	.00
25. Total: Allocable – Other Allocable Deductions	25.	.00
26. Total: Total Allocable Deductions	26.	.00
27. Total: Apportioned Share of Deductions	27.	.00
28. Total: Net Operating Loss Deduction	28.	.00
29. Total: Total Deductions	29.	.00

**Form 1118, Schedule A – Income or Loss Before Adjustments - Total Income**

30. Total: Total Income or (Loss) Before Adjustments	30.	.00
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