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CLIENT'S COPY

Hollins Associates Cpas, PLLC
5501 Merchants View Square, No 730
Haymarket, VA 20169
(571) 222-4765

November 18, 2021

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

Dear Shirley,

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Angela Hollins, CPA

Hollins Associates CPAs, PLLC
5501 Merchants View Square, No 730
Haymarket, VA 20169
(571) 222-4765

November 18, 2021

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

Dear Shirley,

Enclosed are the original and one copy of the 2020 Exempt
Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Very truly yours,

Angela Hollins, CPA

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

SERVE OUR WILLING WARRIORS

-*3036

Name and title of officer or person subject to tax

SHIRLEY DOMINICK

PRESIDENT/CO-FOUNDER

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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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 Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 535,115.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize HOLLINS ASSOCIATES CPAS, PLLC to enter my PIN 83036
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

Date ▶

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.

54783814984

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ ANGELA HOLLINS, CPA

Date ▶

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020**Open to Public
Inspection****A For the 2020 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)

16013 WATERFALL ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HAYMARKET, VA 20169-2126

F Name and address of principal officer: SHIRLEY DOMINICK

16013 WATERFALL ROAD, HAYMARKET, VA 20169

D Employer identification number

-*3036

E Telephone number

(703) 785-8980

G Gross receipts \$

606,795.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**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**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE OUR COUNTRY'S RECOVERING WOUNDED, ILL AND INJURED WARRIORS, DISABLED		
	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	8
	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 2020 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	0
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	276,078.	489,293.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,018.	320.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	214,649.	45,502.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	492,745.	535,115.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	159,288.	118,284.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,326.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	282,934.	332,327.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	442,222.	450,611.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	50,523.	84,504.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,998,628.	2,172,437.
	22	Net assets or fund balances. Subtract line 21 from line 20	761,342.	845,737.
		1,237,286.	1,326,700.	

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	Date			
	SHIRLEY DOMINICK, PRESIDENT/CO-FOUNDER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANGELA HOLLINS, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00923579
	Firm's name ▶ HOLLINS ASSOCIATES CPAS, PLLC	Firm's EIN ▶ **-***0580	Phone no. 571-222-4765		
	Firm's address ▶ 5501 MERCHANTS VIEW SQ., NO 730 HAYMARKET, VA 20169				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck 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, DISABLED VETERANS 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 \$ 383,729. 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 2020, WE SERVED OVER 200
WARRIORS AND THEIR FAMILIES WITH RETREAT STAYS, EDUCATIONAL AND
THERAPEUTIC 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 \$ 20,630. 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 THE 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 \$ 8,252. 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 on Schedule O.)

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

4e Total program service expenses **412,611.**Form **990** (2020)

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> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 donor-restricted endowments or in 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>		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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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?	X	

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

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

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 8		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 5		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

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 on Schedule O)

19 Describe on 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 **▶**
 DIANNE POLK - (703) 785-8980
 16013 WATERFALL ROAD, HAYMARKET, VA 20169

☒

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	1,053.			
	b	Membership dues	1b				
	c	Fundraising events	1c	57,266.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	58,388.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	372,586.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		489,293.			
Program Service Revenue	2 a			Business Code			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			320.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	6a	(i) Real	(ii) Personal		
b		Less: rental expenses	6b				
c		Rental income or (loss)	6c				
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
b		Less: cost or other basis and sales expenses	7b				
c		Gain or (loss)	7c				
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 57,266. of contributions reported on line 1c). See Part IV, line 18	8a	106,223.			
b		Less: direct expenses	8b	67,311.			
c		Net income or (loss) from fundraising events			38,912.		38,912.
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	10,959.				
b	Less: cost of goods sold	10b	4,369.				
c	Net income or (loss) from sales of inventory			6,590.	6,590.		
Miscellaneous Revenue	11 a			Business Code			
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions			535,115.	6,590.	320.

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	109,172.	90,922.	18,250.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,112.	7,587.	1,525.	
11 Fees for services (nonemployees):				
a Management	6,860.	6,860.		
b Legal				
c Accounting	22,493.	20,803.	1,690.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,826.	4,810.	1,016.	
12 Advertising and promotion	14,797.	10,810.	41.	3,946.
13 Office expenses	5,260.	4,760.	303.	197.
14 Information technology	18,451.	17,806.	645.	
15 Royalties				
16 Occupancy	26,534.	24,678.	89.	1,767.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	44,241.	44,241.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,498.	126,498.		
23 Insurance	12,494.	10,367.	2,127.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	39,374.	33,226.	5,732.	416.
b VISITING CHEF	4,647.	4,647.		
c BANK AND CREDIT CARD FE	4,554.	4,298.	256.	
d DIRECT WARRIOR SUPPORT	298.	298.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	450,611.	412,611.	31,674.	6,326.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	69,100.	1	327,913.
	2 Savings and temporary cash investments	160,874.	2	42,527.
	3 Pledges and grants receivable, net		3	89,433.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,565.	8	3,625.
	9 Prepaid expenses and deferred charges	228.	9	10,808.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,115,050.		
	b Less: accumulated depreciation	10b 416,919.		
		1,766,861.	10c	1,698,131.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,998,628.	16	2,172,437.	
Liabilities	17 Accounts payable and accrued expenses	14,198.	17	21,396.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	169,220.	22	
	23 Secured mortgages and notes payable to unrelated third parties	577,924.	23	567,085.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	0.	25	257,256.
	26 Total liabilities. Add lines 17 through 25	761,342.	26	845,737.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,188,073.	27	1,277,487.
	28 Net assets with donor restrictions	49,213.	28	49,213.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,237,286.	32	1,326,700.
	33 Total liabilities and net assets/fund balances	1,998,628.	33	2,172,437.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	535,115.
2	Total expenses (must equal Part IX, column (A), line 25)	2	450,611.
3	Revenue less expenses. Subtract line 2 from line 1	3	84,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,237,286.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,910.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,326,700.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input 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.		
2a 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	2a	X
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	2b	X
c 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 on Schedule O.	2c	
3a 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? _____	3a	X
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	269,011.	780,921.	448,800.	276,078.	489,293.	2,264,103.
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 Total. Add lines 1 through 3	269,011.	780,921.	448,800.	276,078.	489,293.	2,264,103.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2,264,103.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	269,011.	780,921.	448,800.	276,078.	489,293.	2,264,103.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1,647.	1,761.	2,018.	320.	5,746.
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 Total support. Add lines 7 through 10						2,343,580.
12 Gross receipts from related activities, etc. (see instructions)					12	10,959.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	96.61 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.56 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 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).			

Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

-*3036

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 foundationCheck 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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 SERVE OUR WILLING WARRIORS	Employer identification number **-***3036
--------------------------------------------------------	--------------------------------------------------

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	<div>██████████</div> <div>██████ ██████</div> <div>██████████████████</div>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div>████████████████████</div> <div>██████████</div> <div>██████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div>████████████████████</div> <div>██████████████</div> <div>██████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div>██████████</div> <div>██████████████████</div> <div>██████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div>████████████████████</div> <div>██████████</div> <div>██████████████████</div>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div>██████████████████</div> <div>██████████████████</div> <div>██████████████</div>	\$ 10,000.	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	** - ***3036

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>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div>██████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div>██████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div>██████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<div>████████████████████</div> <div>████████████████████</div> <div>████████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SERVE OUR WILLING WARRIORS	Employer identification number **-***3036
--------------------------------------------------------	--------------------------------------------------

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
13	<div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div>	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div> <div>████████████████████████████████████████████████████████████████████████████████</div>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div>_____</div> <div>_____</div> <div>_____</div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

-*3036

Part II

[illegible]

Name of organization SERVE OUR WILLING WARRIORS	Employer identification number **-***3036
--------------------------------------------------------	--------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

-*3036

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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 make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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 Term 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:

- (i)** Unrelated organizations ☐ **3a(i)** ☐ Yes ☐ No
(ii) Related organizations ☐ **3a(ii)** ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** ☐ Yes ☐ No

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		158,800.		158,800.
b Buildings		1,538,782.	156,531.	1,382,251.
c Leasehold improvements				
d Equipment				
e Other		417,468.	260,388.	157,080.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,698,131.

Schedule D (Form 990) 2020

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)		
Total. (Col. (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)		
Total. (Col. (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)	
Total. (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) NOTE PAYABLE, PPP FUNDS	257,256.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	257,256.

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

Schedule D (Form 990) 2020

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 (add col. (a) through col. (c))
		GALA (event type)	BIKE RIDE (event type)	2 (total number)	
Revenue	1 Gross receipts	102,926.	43,419.	17,144.	163,489.
	2 Less: Contributions	27,884.	17,358.	12,024.	57,266.
	3 Gross income (line 1 minus line 2)	75,042.	26,061.	5,120.	106,223.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	34,537.	14,035.	18,739.	67,311.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				67,311.
	11 Net income summary. Subtract line 10 from line 3, column (d)				38,912.

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: _____

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: _____

- | | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name

Address

- 16** Gaming manager information:

Name

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

-*3036

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

VETERANS AND THEIR FAMILIES WITH ENCOURAGEMENT, SUPPORT AND RESPITE

STAYS AT THE BULL RUN WARRIOR RETREAT.

FORM 990, PART VI, SECTION A, LINE 2:

SHIRLEY DOMINICK - PRESIDENT - SPOUSE

JOHN DOMINICK - VICE PRESIDENT

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

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 12C:

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, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY AND SET AT COMPARABLE COMPENSATION FOR

JOB DUTIES PERFORMED.

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI - ADDITIONAL INFORMATION

RELATED PARTY INFORMATION AMONG OFFICERS. SHIRLEY M DOMINICK,

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Employer identification number
SERVE OUR WILLING WARRIORS	**_***3036

PRESIDENT AND JOHN M. DOMINICK, VICE PRESIDENT.

FORM 990, PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES,

AMENDED RETURN - CLERICAL ERROR

CHANGED TREASURER FROM JOHN MALONE TO DANIELA GREGOIRE

FORM 990, PART VIII - STATEMENT OF REVENUE

AMENDED RETURN - CELERICAL ERROR

CHANGED LINE 1 A FEDERATED CAMPAIGNS FROM \$161,741 TO THE CORRECT

NUMBER OF \$1,052.00

CHANGED LINE 1 E GOVERNMENT GRANTS FROM \$0.00 TO THE CORRECT NUMBER OF

\$58,388.00

CHANGED LINE 1 F ALL OTHER CONTRIBUTIONS FROM \$270,286 TO THE CORRECT

NUMBER OF \$372,586.00

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUST PRIOR PERIOD ACCUMULATED DEPRICIATION BALANCE 4,910.

FORM 990, SCHEDULE B - SCHEDULE OF CONTRIBUTORS

AMENDED RETURN - CLERICAL ERROR

CHANGED PART 1 CONTRIBUTOR #5 FROM LEIBOWITZ, SONYA; INDIVIDUAL TO THE

CORRECT CONTRIBUTOR OF COMBAT VETERANS MOTORCYCLE ASSOCIATION

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
104	PENFED HOUSE	01/01/20	SL	39.00	MM	19I	293,341.				293,341.	7,511.		7,219.	14,730.
105	MASSAGE ROOM	01/01/20	SL	39.00	MM	19I	3,250.				3,250.	83.		80.	163.
106	BUILDING IMPROVEMENTS	01/01/20	SL	39.00	MM	19I	331,029.				331,029.			8,147.	8,147.
107	LAND IMPROVEMENTS - TREES, BUSHES & MULCH	01/01/20	SL	39.00	MM	19I	1,456.				1,456.	97.		36.	133.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						629,076.				629,076.	7,691.		15,482.	23,173.
1	BILLARDS TABLE	01/01/14	200DB	7.00	HY	17	2,475.				2,475.	2,121.		221.	2,342.
2	BR SET-BR2 MATCHING	01/01/14	200DB	7.00	HY	17	5,000.				5,000.	4,286.		447.	4,733.
3	BR SET-BR3 MATCHING	01/01/14	200DB	7.00	HY	17	6,000.				6,000.	5,143.		536.	5,679.
4	BUFFET/SIDE BOARD	01/01/14	200DB	7.00	HY	17	2,250.				2,250.	1,929.		201.	2,130.
5	CHAIR-DROP LEAF TABLE	01/01/14	200DB	7.00	HY	17	1,125.				1,125.	964.		100.	1,064.
6	CHAIR-LEATHER CLUB	01/01/14	200DB	7.00	HY	17	3,600.				3,600.	3,086.		321.	3,407.
7	CHAIR-LEATHER CLUB	01/01/14	200DB	7.00	HY	17	5,400.				5,400.	4,629.		482.	5,111.
8	CHAIR-LEATHER DINING	01/01/14	200DB	7.00	HY	17	21,000.				21,000.	18,000.		1,875.	19,875.
9	CHAIR-LEATHER OFFICE	01/01/14	200DB	7.00	HY	17	1,800.				1,800.	1,543.		161.	1,704.
10	CHAIR-UPHOLSTERED SIDE	01/01/14	200DB	7.00	HY	17	1,600.				1,600.	1,371.		143.	1,514.
11	CHAIR-WINGBACK	01/01/14	200DB	7.00	HY	17	1,350.				1,350.	1,157.		121.	1,278.
12	CHAIRS FOR DINING ROOM	01/01/14	200DB	7.00	HY	17	1,000.				1,000.	857.		89.	946.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	COUCH	01/01/14	200DB	7.00	HY	17	1,500.				1,500.	1,286.		134.	1,420.
14	COUCH-10FOOT LIGHT BLUE	01/01/14	200DB	7.00	HY	17	2,000.				2,000.	1,714.		179.	1,893.
15	COUCH-CB LEATHER	01/01/14	200DB	7.00	HY	17	1,350.				1,350.	1,157.		121.	1,278.
16	COUCH-CB LEATHER SECTION	01/01/14	200DB	7.00	HY	17	3,000.				3,000.	2,571.		268.	2,839.
17	COUCH-DARK BLUE	01/01/14	200DB	7.00	HY	17	1,500.				1,500.	1,286.		134.	1,420.
18	CREDENZA-BLACK	01/01/14	200DB	7.00	HY	17	2,200.				2,200.	1,886.		196.	2,082.
19	CREDENZA-BLACK	01/01/14	200DB	7.00	HY	17	2,000.				2,000.	1,714.		179.	1,893.
20	CREDENZA-MAHOGANY	01/01/14	200DB	7.00	HY	17	2,500.				2,500.	2,143.		223.	2,366.
21	CREDENZA-OAK	01/01/14	200DB	7.00	HY	17	1,500.				1,500.	1,286.		134.	1,420.
22	CREDENZA-1 IN GAME ROOM	01/01/14	200DB	7.00	HY	17	1,875.				1,875.	1,607.		167.	1,774.
23	CREDENZA-2 IN GAME ROOM	01/01/14	200DB	7.00	HY	17	1,875.				1,875.	1,607.		167.	1,774.
24	CREDENZA-3 IN DR	01/01/14	200DB	7.00	HY	17	2,250.				2,250.	1,929.		201.	2,130.
25	HUTCH-CHINA	01/01/14	200DB	7.00	HY	17	2,625.				2,625.	2,250.		234.	2,484.
26	LOVESEAT-CB LEATHER	01/01/14	200DB	7.00	HY	17	1,125.				1,125.	964.		100.	1,064.
27	STOOLS-LEATHER BAR	01/01/14	200DB	7.00	HY	17	2,000.				2,000.	1,714.		179.	1,893.
28	TABLE	01/01/14	200DB	7.00	HY	17	1,000.				1,000.	857.		89.	946.
29	TABLE-DINING ROOM	01/01/14	200DB	7.00	HY	17	3,000.				3,000.	2,571.		268.	2,839.
30	TABLE-DINING ROOM AND	10/01/14	200DB	7.00	HY	17	4,000.				4,000.	3,429.		357.	3,786.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	TABLE-HOSPITALITY	01/01/14	200DB	7.00	HY	17	1,000.				1,000.	857.		89.	946.
32	TABLE-LEATHER TOPPED	01/01/14	200DB	7.00	HY	17	1,250.				1,250.	1,071.		112.	1,183.
33	TABLE-ROUND CENTER	01/01/14	200DB	7.00	HY	17	1,500.				1,500.	1,286.		134.	1,420.
34	TABLE-SOFA CONSOLE IN	01/01/14	200DB	7.00	HY	17	1,000.				1,000.	857.		89.	946.
35	TABLE-SQUARE WALNUT	01/01/14	200DB	7.00	HY	17	1,000.				1,000.	857.		89.	946.
36	BEDROOM AND LIVING ROOM	01/01/15	200DB	7.00	HY	17	15,000.				15,000.	10,714.		1,338.	12,052.
37	CUSTOM BANQUET & TABLES	01/01/15	200DB	7.00	HY	17	26,523.				26,523.	18,945.		2,366.	21,311.
38	TABLE W/HUTCH-EDELMAN	01/01/15	200DB	7.00	HY	17	12,200.				12,200.	8,714.		1,088.	9,802.
39	CHAIR LIFT	01/01/16	200DB	7.00	HY	17	9,949.				9,949.	5,685.		888.	6,573.
40	GENTLY USED EX MARK	01/01/16	200DB	7.00	HY	17	9,000.				9,000.	5,143.		804.	5,947.
41	WROGHT IRON PATIO FURNTURE	01/01/16	200DB	7.00	HY	17	5,000.				5,000.	2,857.		447.	3,304.
42	TRACK CHAIR	01/01/17	200DB	7.00	HY	17	11,947.				11,947.	5,120.		1,492.	6,612.
43	LAWN MOWER	04/16/18	200DB	7.00	HY	17	2,999.				2,999.	732.		525.	1,257.
44	WASHER AND DRYER	08/01/18	200DB	7.00	HY	17	1,552.				1,552.	314.		271.	585.
45	SCAG TIGER CAT MOWER 61	12/04/18	200DB	7.00	HY	17	8,899.				8,899.	1,377.		1,556.	2,933.
46	EZGO VALOR CART	12/04/18	200DB	7.00	HY	17	6,440.				6,440.	997.		1,126.	2,123.
47	SNOW WAY ARTICULATING	12/04/18	200DB	7.00	HY	17	4,500.				4,500.	696.		787.	1,483.
48	KIOTI MECHRON DIESEL UTV	12/04/18	200DB	7.00	HY	17	11,700.				11,700.	1,671.		2,046.	3,717.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	FURNTURE FOR THE NEW HOUSE	11/06/18	200DB	7.00	HY	17	1,000.				1,000.	143.		175.	318.
50	FURNTURE FOR THE NEW HOUSE	11/06/18	200DB	7.00	HY	17	7,145.				7,145.	1,021.		1,250.	2,271.
51	SETS 2:ACCENT CHAIRS	11/06/18	200DB	7.00	HY	17	2,000.				2,000.	286.		350.	636.
52	SETS 2:ACCENT CHAIRS	11/06/18	200DB	7.00	HY	17	1,339.				1,339.	191.		234.	425.
53	TWO CHAIRS FOR DINING ROOM	12/20/18	200DB	7.00	HY	17	240.				240.	34.		42.	76.
54	HOME COMPLETED MARCH	12/31/18	200DB	7.00	HY	17	1,287.				1,287.	184.		225.	409.
55	POWER GENERATORS AND EQUIPMENT	06/16/18	200DB	7.00	HY	17	3,860.				3,860.	551.		675.	1,226.
56	WATER HEATERS	11/21/18	200DB	7.00	HY	17	2,860.				2,860.	409.		500.	909.
100	FURNITURE	01/01/20	200DB	7.00	MQ	19C	942.			942.				942.	
101	TABLES	05/15/20	200DB	7.00	MQ	19C	561.			561.				561.	
102	HEAVY DUTY WASHER AND DRYER	12/07/20	200DB	7.00	MQ	19C	2,406.			2,406.				2,406.	
	* 990 PAGE 10 TOTAL - BUILDING						874,075.			3,909.	870,166.	155,460.		46,116.	197,667.
57	16013 WATERFALL ROAD BUILDING	12/31/14	SL	39.00	MM	17	698,670.				698,670.	89,573.		17,914.	107,487.
58	HANDICAPPED ACCESS RAMP	12/30/15	SL	39.00	MM	17	7,800.				7,800.	800.		200.	1,000.
59	HOUSE TRIMMING AND STUD	12/30/15	SL	39.00	MM	17	5,000.				5,000.	513.		128.	641.
60	FANS, LIGHTS, LUMBER	12/30/15	SL	39.00	MM	17	10,300.				10,300.	1,056.		264.	1,320.
61	3 FULL KITCHENS	12/30/15	SL	39.00	MM	17	100,000.				100,000.	10,256.		2,564.	12,820.
62	BOOTHES IN BASEMENT	12/30/15	SL	39.00	MM	17	26,523.				26,523.	2,720.		680.	3,400.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	GARAGE WHEELCHAIR LIFT	12/30/15	SL	39.00	MM17	15,000.				15,000.	1,538.		385.	1,923.
64	MOVE EXPENSE TO BUILDING	12/05/16	SL	39.00	MM17	1,846.				1,846.	146.		47.	193.
65	BUILDING SECURITY SYSTEM	07/31/17	SL	39.00	MM17	5,000.				5,000.	310.		128.	438.
66	LAND DESIGN CONSULTANTS	10/01/17	SL	39.00	MM17	26,266.				26,266.	1,515.		673.	2,188.
72	DECK MATERIALS	10/12/14	SL	39.00	MM17	179.				179.	24.		5.	29.
73	REIMBURSE FOR RENOVATION	10/13/14	SL	39.00	MM17	446.				446.	60.		11.	71.
74	CONCRETE SLAB	10/25/14	SL	39.00	MM17	41.				41.	5.		1.	6.
75	RENOVATION EXP	11/01/14	SL	39.00	MM17	129.				129.	17.		3.	20.
76	LUMBER	11/11/14	SL	39.00	MM17	653.				653.	86.		17.	103.
77	RENOVATION EXP	11/12/14	SL	39.00	MM17	9.				9.	1.		0.	1.
78	LOWES AND HOME DEPOT	12/30/14	SL	39.00	MM17	383.				383.	49.		10.	59.
79	LOWES AND HOME DEPOT	12/30/14	SL	39.00	MM17	2,021.				2,021.	259.		52.	311.
80	GLASS TILE AND STAIN	03/27/15	SL	39.00	MM17	49.				49.	6.		1.	7.
81	TILE	03/31/15	SL	39.00	MM17	48.				48.	6.		1.	7.
82	LOWES-BADGER DISPOSAL	04/30/15	SL	39.00	MM17	425.				425.	51.		11.	62.
83	LOWES-2 DELTA H2O KINE	04/30/15	SL	39.00	MM17	117.				117.	14.		3.	17.
84	ROOF MOUNTED AWNING	05/31/15	SL	39.00	MM17	4,676.				4,676.	549.		120.	669.
85	CLEANING PRODUCTS	06/02/15	SL	39.00	MM17	129.				129.	15.		3.	18.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
86	IMPROVEMENTS	06/02/15	SL	39.00	MM	17	40.				40.	5.		1.	6.
87	IMPROVEMENTS	06/05/15	SL	39.00	MM	17	877.				877.	103.		22.	125.
88	CHAIR LIFTS	06/08/15	SL	39.00	MM	17	1,490.				1,490.	175.		38.	213.
89	IMPROVEMENTS	06/08/15	SL	39.00	MM	17	117.				117.	14.		3.	17.
90	IMPROVEMENTS	06/11/15	SL	39.00	MM	17	86.				86.	10.		2.	12.
91	IMPROVEMENTS	06/22/15	SL	39.00	MM	17	73.				73.	8.		2.	10.
92	IMPROVEMENTS	06/29/15	SL	39.00	MM	17	49.				49.	6.		1.	7.
93	IMPROVEMENTS	06/29/15	SL	39.00	MM	17	345.				345.	40.		9.	49.
94	IMPROVEMENTS	06/29/15	SL	39.00	MM	17	369.				369.	43.		9.	52.
95	IMPROVEMENTS	06/29/15	SL	39.00	MM	17	550.				550.	63.		14.	77.
	* 990 PAGE 10 TOTAL - BUILDING						909,706.				909,706.	110,036.		23,322.	133,358.
70	2015 LAND IMPROVEMENTS	12/30/15	150DB	15.00	HY	17	58,020.				58,020.	15,472.		3,615.	19,087.
71	2017 LAND IMPROVEMENTS	07/01/17	150DB	15.00	HY	17	29,500.				29,500.	4,953.		2,272.	7,225.
96	DECK	02/20/20	150DB	15.00	MQ	19E	24,988.			24,988.				24,988.	
97	HEAT PUMP-2 TON	12/21/20	150DB	15.00	MQ	19E	6,757.			6,757.				6,757.	
98	HEAT PUMP-4 TON	12/21/20	150DB	15.00	MQ	19E	7,848.			7,848.				7,848.	
99	WATER FILTRATION	12/22/20	150DB	15.00	MQ	19E	1,799.			1,799.				1,799.	
	* 990 PAGE 10 TOTAL - BUILDING						128,912.			41,392.	87,520.	20,425.		47,279.	26,312.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	LAND	12/31/14	L				158,800.				158,800.			0.	
	* 990 PAGE 10 TOTAL - BUILDING						158,800.				158,800.	0.		0.	0.
69	BARN	06/30/17	150DB	20.00	HY	17	36,000.				36,000.	4,500.		2,224.	6,724.
	* 990 PAGE 10 TOTAL - BUILDING						36,000.				36,000.	4,500.		2,224.	6,724.
103	SMART BOARD	12/28/20	200DB	5.00	MQ	19B	7,557.			7,557.				7,557.	
	* 990 PAGE 10 TOTAL - BUILDING						7,557.			7,557.	0.	0.		7,557.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,115,050.			52,858.	2,062,192.	290,421.		126,498.	364,061.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,433,116.			0.	1,433,116.	282,730.			340,888.
	ACQUISITIONS						681,934.			52,858.	629,076.	7,691.			23,173.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,115,050.			52,858.	2,062,192.	290,421.			364,061.
	ENDING ACCUM DEPR											416,919.			
	ENDING BOOK VALUE											1,698,131.			

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SERVE OUR WILLING WARRIORS

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_*3036

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	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
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	
6	(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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2021. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	52,858.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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 2020	17	58,158.
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		

Section B - Assets Placed in Service During 2020 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	
	/	SEE STATEMENT 1		MM	S/L	15,482.

Section C - Assets Placed in Service During 2020 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	Total. 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 instr.	22	126,498.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis
			(e) Basis for depreciation (business/investment use only)
			(f) Recovery period
			(g) Method/ Convention
			(h) Depreciation deduction
			(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use			25
26 Property used more than 50% in a qualified business use:			
		%	
		%	
		%	
27 Property used 50% or less in a qualified business use:			
		%	S/L -
		%	S/L -
		%	S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1			29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 4562	PART III - NONRESIDENTIAL REAL PROPERTY	STATEMENT	1
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(A) DESCRIPTION OF PROPERTY	(B) MO/YR	(C) BASIS	(D) PERIOD	(G) DEDUCTION
PENFED HOUSE	01/ 20	293,341.	39.0 YRS	7,219.
MASSAGE ROOM	01/ 20	3,250.	39.0 YRS	80.
BUILDING IMPROVEMENTS	01/ 20	331,029.	39.0 YRS	8,147.
LAND IMPROVEMENTS - TREES, BUSHES & MULCH	/			
	01 20	1,456.	39.0 YRS	36.
TOTAL TO FORM 4562, PART III, LINE 19I		629,076.		15,482.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
104	PENFED HOUSE	010120	SL	39.00	19I	293,341.			293,341.	7,511.		7,219.
105	MASSAGE ROOM	010120	SL	39.00	19I	3,250.			3,250.	83.		80.
106	BUILDING IMPROVEMENTS	010120	SL	39.00	19I	331,029.			331,029.			8,147.
107	LAND IMPROVEMENTS - TREES, BUSHES & MU	010120	SL	39.00	19I	1,456.			1,456.	97.		36.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					629,076.		0.	629,076.	7,691.		15,482.
1	BILLARDS TABLE	010114	200DB	7.00	17	2,475.			2,475.	2,121.		221.
2	BR SET-BR2 MATCHING	010114	200DB	7.00	17	5,000.			5,000.	4,286.		447.
3	BR SET-BR3 MATCHING	010114	200DB	7.00	17	6,000.			6,000.	5,143.		536.
4	BUFFET/SIDE BOARD	010114	200DB	7.00	17	2,250.			2,250.	1,929.		201.
5	CHAIR-DROP LEAF TABLE	010114	200DB	7.00	17	1,125.			1,125.	964.		100.
6	CHAIR-LEATHER CLUB	010114	200DB	7.00	17	3,600.			3,600.	3,086.		321.
7	CHAIR-LEATHER CLUB	010114	200DB	7.00	17	5,400.			5,400.	4,629.		482.
8	CHAIR-LEATHER DINING	010114	200DB	7.00	17	21,000.			21,000.	18,000.		1,875.
9	CHAIR-LEATHER OFFICE	010114	200DB	7.00	17	1,800.			1,800.	1,543.		161.
10	CHAIR-UPHOLSTERED SIDE	010114	200DB	7.00	17	1,600.			1,600.	1,371.		143.
11	CHAIR-WINGBACK CHAIRS FOR DINING	010114	200DB	7.00	17	1,350.			1,350.	1,157.		121.
12	ROOM	010114	200DB	7.00	17	1,000.			1,000.	857.		89.

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SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	COUCH	010114	200DB	7.00	17	1,500.			1,500.	1,286.		134.
14	COUCH-10FOOT LIGHT BLUE	010114	200DB	7.00	17	2,000.			2,000.	1,714.		179.
15	COUCH-CB LEATHER	010114	200DB	7.00	17	1,350.			1,350.	1,157.		121.
16	COUCH-CB LEATHER SECTION	010114	200DB	7.00	17	3,000.			3,000.	2,571.		268.
17	COUCH-DARK BLUE	010114	200DB	7.00	17	1,500.			1,500.	1,286.		134.
18	CREDENZA-BLACK	010114	200DB	7.00	17	2,200.			2,200.	1,886.		196.
19	CREDENZA-BLACK	010114	200DB	7.00	17	2,000.			2,000.	1,714.		179.
20	CREDENZA-MAHOGANY	010114	200DB	7.00	17	2,500.			2,500.	2,143.		223.
21	CREDENZA-OAK	010114	200DB	7.00	17	1,500.			1,500.	1,286.		134.
22	CREDENZA-1 IN GAME ROOM	010114	200DB	7.00	17	1,875.			1,875.	1,607.		167.
23	CREDENZA-2 IN GAME ROOM	010114	200DB	7.00	17	1,875.			1,875.	1,607.		167.
24	CREDENZA-3 IN DR	010114	200DB	7.00	17	2,250.			2,250.	1,929.		201.
25	HUTCH-CHINA	010114	200DB	7.00	17	2,625.			2,625.	2,250.		234.
26	LOVESEAT-CB LEATHER	010114	200DB	7.00	17	1,125.			1,125.	964.		100.
27	STOOLS-LEATHER BAR	010114	200DB	7.00	17	2,000.			2,000.	1,714.		179.
28	TABLE	010114	200DB	7.00	17	1,000.			1,000.	857.		89.
29	TABLE-DINING ROOM	010114	200DB	7.00	17	3,000.			3,000.	2,571.		268.
30	TABLE-DINING ROOM AND	100114	200DB	7.00	17	4,000.			4,000.	3,429.		357.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	TABLE-HOSPITALITY	010114	200DB	7.00	17	1,000.			1,000.	857.		89.
32	TABLE-LEATHER TOPPED	010114	200DB	7.00	17	1,250.			1,250.	1,071.		112.
33	TABLE-ROUND CENTER	010114	200DB	7.00	17	1,500.			1,500.	1,286.		134.
34	TABLE-SOFA CONSOLE IN	010114	200DB	7.00	17	1,000.			1,000.	857.		89.
35	TABLE-SQUARE WALNUT	010114	200DB	7.00	17	1,000.			1,000.	857.		89.
36	BEDROOM AND LIVING ROOM	010115	200DB	7.00	17	15,000.			15,000.	10,714.		1,338.
37	CUSTOM BANQUET & TABLES	010115	200DB	7.00	17	26,523.			26,523.	18,945.		2,366.
38	W/HUTCH-EDELMAN	010115	200DB	7.00	17	12,200.			12,200.	8,714.		1,088.
39	CHAIR LIFT	010116	200DB	7.00	17	9,949.			9,949.	5,685.		888.
40	GENTLY USED EX MARK	010116	200DB	7.00	17	9,000.			9,000.	5,143.		804.
41	WROGHT IRON PATIO FURNTURE	010116	200DB	7.00	17	5,000.			5,000.	2,857.		447.
42	TRACK CHAIR	010117	200DB	7.00	17	11,947.			11,947.	5,120.		1,492.
43	LAWN MOWER	041618	200DB	7.00	17	2,999.			2,999.	732.		525.
44	WASHER AND DRYER	080118	200DB	7.00	17	1,552.			1,552.	314.		271.
45	SCAG TIGER CAT MOWER 61	120418	200DB	7.00	17	8,899.			8,899.	1,377.		1,556.
46	EZGO VALOR CART	120418	200DB	7.00	17	6,440.			6,440.	997.		1,126.
47	SNOW WAY ARTICULATING	120418	200DB	7.00	17	4,500.			4,500.	696.		787.
48	KIOTI MECHRON DIESEL UTV	120418	200DB	7.00	17	11,700.			11,700.	1,671.		2,046.

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SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	FURNITURE FOR THE NEW HOUSE	110618	200DB	7.00	17	1,000.			1,000.	143.		175.
50	FURNITURE FOR THE NEW HOUSE	110618	200DB	7.00	17	7,145.			7,145.	1,021.		1,250.
51	SETS 2:ACCENT CHAIRS	110618	200DB	7.00	17	2,000.			2,000.	286.		350.
52	SETS 2:ACCENT CHAIRS	110618	200DB	7.00	17	1,339.			1,339.	191.		234.
53	TWO CHAIRS FOR DINING ROOM	122018	200DB	7.00	17	240.			240.	34.		42.
54	HOME COMPLETED MARCH	123118	200DB	7.00	17	1,287.			1,287.	184.		225.
55	POWER GENERATORS AND EQUIPMENT	061618	200DB	7.00	17	3,860.			3,860.	551.		675.
56	WATER HEATERS	112118	200DB	7.00	17	2,860.			2,860.	409.		500.
100	FURNITURE	010120	200DB	7.00	19C	942.		942.				942.
101	TABLES	051520	200DB	7.00	19C	561.		561.				561.
102	HEAVY DUTY WASHER AND DRYER	120720	200DB	7.00	19C	2,406.		2,406.				2,406.
	* 990 PAGE 10 TOTAL - BUILDING					874,075.		3,909.	870,166.	155,460.		46,116.
57	16013 WATERFALL ROAD BUILDING	123114	SL	39.00	17	698,670.			698,670.	89,573.		17,914.
58	HANDICAPPED ACCESS RAMP	123015	SL	39.00	17	7,800.			7,800.	800.		200.
59	HOUSE TRIMMING AND STUD	123015	SL	39.00	17	5,000.			5,000.	513.		128.
60	FANS, LIGHTS, LUMBER	123015	SL	39.00	17	10,300.			10,300.	1,056.		264.
61	3 FULL KITCHENS	123015	SL	39.00	17	100,000.			100,000.	10,256.		2,564.
62	BOOTHES IN BASEMENT	123015	SL	39.00	17	26,523.			26,523.	2,720.		680.

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SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
63	GARAGE WHEELCHAIR LIFT	123015	SL	39.00	17	15,000.			15,000.	1,538.		385.
64	MOVE EXPENSE TO BUILDING	120516	SL	39.00	17	1,846.			1,846.	146.		47.
65	BUILDING SECURITY SYSTEM	073117	SL	39.00	17	5,000.			5,000.	310.		128.
66	LAND DESIGN CONSULTANTS	100117	SL	39.00	17	26,266.			26,266.	1,515.		673.
72	DECK MATERIALS	101214	SL	39.00	17	179.			179.	24.		5.
73	REIMBURSE FOR RENOVATION	101314	SL	39.00	17	446.			446.	60.		11.
74	CONCRETE SLAB	102514	SL	39.00	17	41.			41.	5.		1.
75	RENOVATION EXP	110114	SL	39.00	17	129.			129.	17.		3.
76	LUMBER	111114	SL	39.00	17	653.			653.	86.		17.
77	RENOVATION EXP	111214	SL	39.00	17	9.			9.	1.		0.
78	LOWES AND HOME DEPOT	123014	SL	39.00	17	383.			383.	49.		10.
79	LOWES AND HOME DEPOT	123014	SL	39.00	17	2,021.			2,021.	259.		52.
80	GLASS TILE AND STAIN	032715	SL	39.00	17	49.			49.	6.		1.
81	TILE	033115	SL	39.00	17	48.			48.	6.		1.
82	LOWES-BADGER DISPOSAL	043015	SL	39.00	17	425.			425.	51.		11.
83	LOWES-2 DELTA H2O KINE	043015	SL	39.00	17	117.			117.	14.		3.
84	ROOF MOUNTED AWNING	053115	SL	39.00	17	4,676.			4,676.	549.		120.
85	CLEANING PRODUCTS	060215	SL	39.00	17	129.			129.	15.		3.

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- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
86	IMPROVEMENTS	060215	SL	39.00	17	40.			40.	5.		1.
87	IMPROVEMENTS	060515	SL	39.00	17	877.			877.	103.		22.
88	CHAIR LIFTS	060815	SL	39.00	17	1,490.			1,490.	175.		38.
89	IMPROVEMENTS	060815	SL	39.00	17	117.			117.	14.		3.
90	IMPROVEMENTS	061115	SL	39.00	17	86.			86.	10.		2.
91	IMPROVEMENTS	062215	SL	39.00	17	73.			73.	8.		2.
92	IMPROVEMENTS	062915	SL	39.00	17	49.			49.	6.		1.
93	IMPROVEMENTS	062915	SL	39.00	17	345.			345.	40.		9.
94	IMPROVEMENTS	062915	SL	39.00	17	369.			369.	43.		9.
95	IMPROVEMENTS	062915	SL	39.00	17	550.			550.	63.		14.
	* 990 PAGE 10 TOTAL											
	- BUILDING					909,706.		0.	909,706.	110,036.		23,322.
	2015 LAND											
70	IMPROVEMENTS	123015	150DB	15.00	17	58,020.			58,020.	15,472.		3,615.
	2017 LAND											
71	IMPROVEMENTS	070117	150DB	15.00	17	29,500.			29,500.	4,953.		2,272.
96	DECK	022020	150DB	15.00	19E	24,988.		24,988.				24,988.
97	HEAT PUMP-2 TON	122120	150DB	15.00	19E	6,757.		6,757.				6,757.
98	HEAT PUMP-4 TON	122120	150DB	15.00	19E	7,848.		7,848.				7,848.
99	WATER FILTRATION	122220	150DB	15.00	19E	1,799.		1,799.				1,799.
	* 990 PAGE 10 TOTAL											
	- BUILDING					128,912.		41,392.	87,520.	20,425.		47,279.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired			Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	LAND	12	31	14	L			158,800.			158,800.			0.
	* 990 PAGE 10 TOTAL													
	- BUILDING							158,800.		0.	158,800.	0.		0.
69	BARN	06	30	17	150DB	20.00	17	36,000.			36,000.	4,500.		2,224.
	* 990 PAGE 10 TOTAL													
	- BUILDING							36,000.		0.	36,000.	4,500.		2,224.
103	SMART BOARD	12	28	20	200DB	5.00	19B	7,557.		7,557.				7,557.
	* 990 PAGE 10 TOTAL													
	- BUILDING							7,557.		7,557.	0.	0.		7,557.
	* GRAND TOTAL 990 PAGE 10 DEPR							2,115,050.		52,858.	2,062,192.	290,421.		126,498.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE							1,433,116.		0.	1,433,116.	282,730.		
	ACQUISITIONS							681,934.		52,858.	629,076.	7,691.		
	DISPOSITIONS							0.		0.	0.	0.		
	ENDING BALANCE							2,115,050.		52,858.	2,062,192.	290,421.		

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PROGRAM SERVICES								
104	PENFED HOUSE	01/01/20	SL	39.00	293,341.		293,341.	14,730.	7,521.
105	MASSAGE ROOM	01/01/20	SL	39.00	3,250.		3,250.	163.	83.
106	BUILDING IMPROVEMENTS	01/01/20	SL	39.00	331,029.		331,029.	8,147.	8,488.
107	LAND IMPROVEMENTS - TREES, BUSHES & MULCH	01/01/20	SL	39.00	1,456.		1,456.	133.	37.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES				629,076.		629,076.	23,173.	16,129.
1	BILLARDS TABLE	01/01/14	200DB	7.00	2,475.		2,475.	2,342.	110.
2	BR SET-BR2 MATCHING	01/01/14	200DB	7.00	5,000.		5,000.	4,733.	223.
3	BR SET-BR3 MATCHING	01/01/14	200DB	7.00	6,000.		6,000.	5,679.	268.
4	BUFFET/SIDE BOARD	01/01/14	200DB	7.00	2,250.		2,250.	2,130.	100.
5	CHAIR-DROP LEAF TABLE	01/01/14	200DB	7.00	1,125.		1,125.	1,064.	50.
6	CHAIR-LEATHER CLUB	01/01/14	200DB	7.00	3,600.		3,600.	3,407.	161.
7	CHAIR-LEATHER CLUB	01/01/14	200DB	7.00	5,400.		5,400.	5,111.	241.
8	CHAIR-LEATHER DINING	01/01/14	200DB	7.00	21,000.		21,000.	19,875.	937.
9	CHAIR-LEATHER OFFICE	01/01/14	200DB	7.00	1,800.		1,800.	1,704.	80.
10	CHAIR-UPHOLSTERED SIDE	01/01/14	200DB	7.00	1,600.		1,600.	1,514.	71.
11	CHAIR-WINGBACK	01/01/14	200DB	7.00	1,350.		1,350.	1,278.	60.
12	CHAIRS FOR DINING ROOM	01/01/14	200DB	7.00	1,000.		1,000.	946.	45.
13	COUCH	01/01/14	200DB	7.00	1,500.		1,500.	1,420.	67.
14	COUCH-10FOOT LIGHT BLUE	01/01/14	200DB	7.00	2,000.		2,000.	1,893.	89.
15	COUCH-CB LEATHER	01/01/14	200DB	7.00	1,350.		1,350.	1,278.	60.
16	COUCH-CB LEATHER SECTION	01/01/14	200DB	7.00	3,000.		3,000.	2,839.	134.
17	COUCH-DARK BLUE	01/01/14	200DB	7.00	1,500.		1,500.	1,420.	67.
18	CREDENZA-BLACK	01/01/14	200DB	7.00	2,200.		2,200.	2,082.	98.
19	CREDENZA-BLACK	01/01/14	200DB	7.00	2,000.		2,000.	1,893.	89.
20	CREDENZA-MAHOGANY	01/01/14	200DB	7.00	2,500.		2,500.	2,366.	112.
21	CREDENZA-OAK	01/01/14	200DB	7.00	1,500.		1,500.	1,420.	67.
22	CREDENZA-1 IN GAME ROOM	01/01/14	200DB	7.00	1,875.		1,875.	1,774.	84.
23	CREDENZA-2 IN GAME ROOM	01/01/14	200DB	7.00	1,875.		1,875.	1,774.	84.
24	CREDENZA-3 IN DR	01/01/14	200DB	7.00	2,250.		2,250.	2,130.	100.
25	HUTCH-CHINA	01/01/14	200DB	7.00	2,625.		2,625.	2,484.	117.
26	LOVESEAT-CB LEATHER	01/01/14	200DB	7.00	1,125.		1,125.	1,064.	50.
27	STOOLS-LEATHER BAR	01/01/14	200DB	7.00	2,000.		2,000.	1,893.	89.
28	TABLE	01/01/14	200DB	7.00	1,000.		1,000.	946.	45.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
29	TABLE-DINING ROOM	010114	200DB	7.00	3,000.		3,000.	2,839.	134.
30	TABLE-DINING ROOM AND	100114	200DB	7.00	4,000.		4,000.	3,786.	178.
31	TABLE-HOSPITALITY	010114	200DB	7.00	1,000.		1,000.	946.	45.
32	TABLE-LEATHER TOPPED	010114	200DB	7.00	1,250.		1,250.	1,183.	56.
33	TABLE-ROUND CENTER	010114	200DB	7.00	1,500.		1,500.	1,420.	67.
34	TABLE-SOFA CONSOLE IN	010114	200DB	7.00	1,000.		1,000.	946.	45.
35	TABLE-SQUARE WALNUT	010114	200DB	7.00	1,000.		1,000.	946.	45.
36	BEDROOM AND LIVING ROOM	010115	200DB	7.00	15,000.		15,000.	12,052.	1,340.
37	CUSTOM BANQUET & TABLES	010115	200DB	7.00	26,523.		26,523.	21,311.	2,369.
38	TABLE W/HUTCH-EDELMAN	010115	200DB	7.00	12,200.		12,200.	9,802.	1,089.
39	CHAIR LIFT	010116	200DB	7.00	9,949.		9,949.	6,573.	887.
40	GENTLY USED EX MARK	010116	200DB	7.00	9,000.		9,000.	5,947.	803.
41	WROGHT IRON PATIO FURNTURE	010116	200DB	7.00	5,000.		5,000.	3,304.	446.
42	TRACK CHAIR	010117	200DB	7.00	11,947.		11,947.	6,612.	1,067.
43	LAWN MOWER	041618	200DB	7.00	2,999.		2,999.	1,257.	375.
44	WASHER AND DRYER	080118	200DB	7.00	1,552.		1,552.	585.	194.
45	SCAG TIGER CAT MOWER 61	120418	200DB	7.00	8,899.		8,899.	2,933.	1,111.
46	EZGO VALOR CART	120418	200DB	7.00	6,440.		6,440.	2,123.	804.
47	SNOW WAY ARTICULATING	120418	200DB	7.00	4,500.		4,500.	1,483.	562.
48	KIOTI MECHRON DIESEL UTV	120418	200DB	7.00	11,700.		11,700.	3,717.	1,461.
49	FURNTURE FOR THE NEW HOUSE	110618	200DB	7.00	1,000.		1,000.	318.	125.
50	FURNTURE FOR THE NEW HOUSE	110618	200DB	7.00	7,145.		7,145.	2,271.	892.
51	SETS 2:ACCENT CHAIRS	110618	200DB	7.00	2,000.		2,000.	636.	250.
52	SETS 2:ACCENT CHAIRS	110618	200DB	7.00	1,339.		1,339.	425.	167.
53	TWO CHAIRS FOR DINING ROOM	122018	200DB	7.00	240.		240.	76.	30.
54	HOME COMPLETED MARCH	123118	200DB	7.00	1,287.		1,287.	409.	161.
55	POWER GENERATORS AND EQUIPMENT	061618	200DB	7.00	3,860.		3,860.	1,226.	482.
56	WATER HEATERS	112118	200DB	7.00	2,860.		2,860.	909.	357.
100	FURNITURE	010120	200DB	7.00	942.	942.			0.
101	TABLES	051520	200DB	7.00	561.	561.			0.
102	HEAVY DUTY WASHER AND DRYER	120720	200DB	7.00	2,406.	2,406.			0.
	* 990 PAGE 10 TOTAL - BUILDING				874,075.	3,909.	870,166.	197,667.	35,369.
57	16013 WATERFALL ROAD BUILDING	123114	SL	39.00	698,670.		698,670.	107,487.	17,914.
58	HANDICAPPED ACCESS RAMP	123015	SL	39.00	7,800.		7,800.	1,000.	200.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
59	HOUSE TRIMMING AND STUD	123015	SL	39.00	5,000.		5,000.	641.	128.
60	FANS, LIGHTS, LUMBER	123015	SL	39.00	10,300.		10,300.	1,320.	264.
61	3 FULL KITCHENS	123015	SL	39.00	100,000.		100,000.	12,820.	2,564.
62	BOOTHES IN BASEMENT	123015	SL	39.00	26,523.		26,523.	3,400.	680.
63	GARAGE WHEELCHAIR LIFT	123015	SL	39.00	15,000.		15,000.	1,923.	385.
64	MOVE EXPENSE TO BUILDING	120516	SL	39.00	1,846.		1,846.	193.	47.
65	BUILDING SECURITY SYSTEM	073117	SL	39.00	5,000.		5,000.	438.	128.
66	LAND DESIGN CONSULTANTS	100117	SL	39.00	26,266.		26,266.	2,188.	673.
72	DECK MATERIALS	101214	SL	39.00	179.		179.	29.	5.
73	REIMBURSE FOR RENOVATION	101314	SL	39.00	446.		446.	71.	11.
74	CONCRETE SLAB	102514	SL	39.00	41.		41.	6.	1.
75	RENOVATION EXP	110114	SL	39.00	129.		129.	20.	3.
76	LUMBER	111114	SL	39.00	653.		653.	103.	17.
77	RENOVATION EXP	111214	SL	39.00	9.		9.	1.	0.
78	LOWES AND HOME DEPOT	123014	SL	39.00	383.		383.	59.	10.
79	LOWES AND HOME DEPOT	123014	SL	39.00	2,021.		2,021.	311.	52.
80	GLASS TILE AND STAIN	032715	SL	39.00	49.		49.	7.	1.
81	TILE	033115	SL	39.00	48.		48.	7.	1.
82	LOWES-BADGER DISPOSAL	043015	SL	39.00	425.		425.	62.	11.
83	LOWES-2 DELTA H2O KINE	043015	SL	39.00	117.		117.	17.	3.
84	ROOF MOUNTED AWNING	053115	SL	39.00	4,676.		4,676.	669.	120.
85	CLEANING PRODUCTS	060215	SL	39.00	129.		129.	18.	3.
86	IMPROVEMENTS	060215	SL	39.00	40.		40.	6.	1.
87	IMPROVEMENTS	060515	SL	39.00	877.		877.	125.	22.
88	CHAIR LIFTS	060815	SL	39.00	1,490.		1,490.	213.	38.
89	IMPROVEMENTS	060815	SL	39.00	117.		117.	17.	3.
90	IMPROVEMENTS	061115	SL	39.00	86.		86.	12.	2.
91	IMPROVEMENTS	062215	SL	39.00	73.		73.	10.	2.
92	IMPROVEMENTS	062915	SL	39.00	49.		49.	7.	1.
93	IMPROVEMENTS	062915	SL	39.00	345.		345.	49.	9.
94	IMPROVEMENTS	062915	SL	39.00	369.		369.	52.	9.
95	IMPROVEMENTS	062915	SL	39.00	550.		550.	77.	14.
	* 990 PAGE 10 TOTAL - BUILDING				909,706.		909,706.	133,358.	23,322.
70	2015 LAND IMPROVEMENTS	123015	150DB	15.00	58,020.		58,020.	19,087.	3,423.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

[illegible]

2020 Virginia Schedule 500ADJ

Corporation Schedule of Adjustments



Name as shown on Virginia return SERVE OUR WILLING WARRIORS

FEIN **-***3036

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return ☐

Section A - Additions to Federal Taxable Income

- | | | |
|------------------------------------------------------------------------------------------------------------------|-------------|-----|
| 1. Fixed date conformity addition - Depreciation | 1. | .00 |
| 2. Fixed date conformity addition - Other | 2. | .00 |
| 3. Taxable addition from Schedule 500AB, Line 10 | 3. | .00 |
| 4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income | 4. | .00 |
| 5. Interest on state obligations other than Virginia | 5. | .00 |
| 6. Other Additions | | |
| See instructions for addition codes. | | |
| | Code | |
| 6a. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 6a. | .00 |
| 6b. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 6b. | .00 |
| 6c. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 6c. | .00 |
| 7. Total Additions. Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2 | 7. | .00 |

Section B - Subtractions from Federal Taxable Income

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------|
| 1. Fixed date conformity subtraction - Depreciation | 1. | .00 |
| 2. Fixed date conformity subtraction - Other | 2. | .00 |
| 3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes | 3. | .00 |
| 4. Foreign dividend gross-up (IRC § 78) | 4. | .00 |
| 5. Refund or credit of income taxes included in federal taxable income | 5. | .00 |
| 6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A) | 6. | .00 |
| 7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8 | 7. | .00 |
| 8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income | 8. | .00 |
| 9. Other Subtractions. See instructions for subtraction codes. | | |
| | Certification Number | Code |
| 9a. <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 9a. |
| 9b. <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 9b. |
| 9c. <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> | <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 9c. |
| 10. Total Subtractions. Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4 | 10. | .00 |

Section C - Amended Return

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|
| 1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.) | 1. | .00 |
| 2. Add Line 1 from above and Line 16 from Form 500 and enter the total here | 2. | .00 |
| 3. Overpayment, if any, as shown on original return or as previously adjusted | 3. | .00 |
| 4. Subtract Line 3 from Line 2 | 4. | .00 |
| 5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. This is the tax you owe | 5. | .00 |
| 6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid | 6. | .00 |

EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.