

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.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">SERVE OUR WILLING WARRIORS</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>16013 WATERFALL ROAD</p> City or town, state or province, country, and ZIP or foreign postal code <p>HAYMARKET VA 20169-2126</p>	D Employer identification number <p>46-0683036</p> E Telephone number <p>703-785-8980</p> G Gross receipts\$ 598,303
F Name and address of principal officer: <p>SHIRLEY DOMINICK 16013 WATERFALL ROAD HAYMARKET VA 20169</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.WILLINGWARRIORS.ORG		L Year of formation: 2012
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: VA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <p align="center">OUR MISSION IS TO PROVIDE OUR COUNTRY'S RECOVERING WOUNDED, ILL OR INJURED WARRIORS, DISABLED VETERANS AND THEIR FAMILIES WITH ENCOURAGEMENT, SUPPORT AND RESPITE STAYS AT THE BULL RUN WARRIOR RETREAT.</p>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9	
	6 Total number of volunteers (estimate if necessary)	6	78	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
	b Net unrelated business taxable income from Form 990-T, line 39	7b		0
Revenue	8 Contributions and grants (Part VIII, line 1h)	448,800	276,078	
	9 Program service revenue (Part VIII, line 2g)	23,102	0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,761	2,018	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-68,628	214,649	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	405,035	492,745	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	206,371	159,288	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	5,895		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	300,135	282,934	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	506,506	442,222		
19 Revenue less expenses. Subtract line 18 from line 12	-101,471	50,523		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,056,627	1,998,628	
	21 Total liabilities (Part X, line 26)	869,864	761,342	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,186,763	1,237,286	

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	16 November 2020 Date
	SHIRLEY DOMINICK Type or print name and title	PRESIDENT/FOUNDER

Paid Preparer Use Only	Print/Type preparer's name JONATHAN L NICHOLS, CPA	Preparer's signature JONATHAN L NICHOLS, CPA	Date	Check <input type="checkbox"/> if PTN self-employed P00292483
	Firm's name HUEY AND ASSOCIATES, P.C.	Firm's E N 52-1658535		Firm's address 7201 WISCONSIN AVE STE 775 BETHESDA, MD 20814
			Phone no. 301-951-3744	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ **335,767** 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 2019 WE SERVED OVER 250 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 \$ **17,086** including grants of\$) (Revenue \$)

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

4c (Code:) (Expenses \$ **7,879** 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 **360,732**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 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.		
1a	7		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
7a			
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X
9			

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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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?		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

DANIELA GREGOIRE 16013 WATERFALL ROAD VA 20169 703-785-8980
HAYMARKET

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICK BROOKS BOARD MEMBER	5.00 0.00	X						0	0	0
(2) JOHN DOMINICK VP/CO-FOUNDER	15.00 0.00	X		X				0	0	0
(3) SHIRLEY DOMINICK PRESIDENT/FOUNDER	15.00 0.00	X		X				0	0	0
(4) RICK FERRY BOARD MEMBER	5.00 0.00	X						0	0	0
(5) DANIELA GREGOIRE TREASURER	5.00 0.00	X		X				0	0	0
(6) ERICA LAOS BOARD MEMBER	5.00 0.00	X						0	0	0
(7) MARK SHABBER BOARD MEMBER	5.00 0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
.....
.....
.....
.....
.....

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	12,687				
	b Membership dues	1b					
	c Fundraising events	1c	30,901				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	232,490				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			276,078			
Program Service Revenue	2a	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)		2,018			2,018	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 30,901 of contributions reported on line 1c). See Part IV, line 18	8a		319,953				
			105,558				
			214,395			214,395	
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a		254				
			254	254			
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			492,745	254	0	216,413	

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	147,970	130,446	17,524	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,318	9,978	1,340	
11 Fees for services (nonemployees):				
a Management	900	900		
b Legal	475		475	
c Accounting	36,731	1,041	35,690	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,066		1,066	
12 Advertising and promotion	12,547	10,238	132	2,177
13 Office expenses	11,428	8,220	596	2,612
14 Information technology	14,342	12,072	2,270	
15 Royalties				
16 Occupancy	47,621	44,395	3,224	2
17 Travel	111	35	43	33
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	48,268	44,889	3,379	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,840	73,321	5,519	
23 Insurance	13,105	9,757	3,070	278
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	7,111	5,492	826	793
b VISITING CHEF	4,707	4,707		
c BANK AND CREDIT CARD	3,972	3,619	353	
d DIRECT WARRIOR SUPPORT	1,622	1,622		
e All other expenses	88		88	
25 Total functional expenses. Add lines 1 through 24e	442,222	360,732	75,595	5,895
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	99,614	1	69,100
	2 Savings and temporary cash investments	127,833	2	160,874
	3 Pledges and grants receivable, net		3	
	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	981	8	1,565
	9 Prepaid expenses and deferred charges	1,300	9	228
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,062,192		
	b Less: accumulated depreciation	10b 295,331	1,190,355	10c 1,766,861
	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	636,544	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,056,627	16	1,998,628	
Liabilities	17 Accounts payable and accrued expenses	104,509	17	14,198
	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	176,607	22	169,220
	23 Secured mortgages and notes payable to unrelated third parties	588,748	23	577,924
	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		25	
	26 Total liabilities. Add lines 17 through 25	869,864	26	761,342
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	448,161	27	1,188,073
	28 Net assets with donor restrictions	738,602	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	1,186,763	32	1,237,286	
33 Total liabilities and net assets/fund balances	2,056,627	33	1,998,628	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	492,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	442,222
3	Revenue less expenses. Subtract line 2 from line 1	3	50,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,186,763
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,237,286

Part XII Financial Statements and Reporting

Check 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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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		X
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

46-0683036

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	447,119	269,011	780,921	448,800	276,078	2,221,929
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	447,119	269,011	780,921	448,800	276,078	2,221,929
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.						2,221,929

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	447,119	269,011	780,921	448,800	276,078	2,221,929
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,647	1,761	2,018	5,426
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						2,301,086
12 Gross receipts from related activities, etc. (see instructions)					12	278,580

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	96.56 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.59 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

	Yes	No
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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ **22,095**

Schedule of Contributors

2019

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

Name of the organization

Employer identification number

SERVE OUR WILLING WARRIORS

46-0683036

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>[REDACTED]</p> <p>MANASSAS VA 20110-4166</p>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<p>[REDACTED]</p> <p>MANASSAS VA 20109</p>	\$ 21,941	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<p>[REDACTED]</p> <p>HAYMARKET VA 20169</p>	\$ 20,485	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<p>[REDACTED]</p> <p>MANASSAS VA 20109</p>	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<p>[REDACTED]</p> <p>ALEXANDRIA VA 22314</p>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<p>[REDACTED]</p> <p>VISTA CA 92084</p>	\$ 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**46-0683036****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	[REDACTED] HAYMARKET VA 20169	\$ 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	[REDACTED] SEATTLE WA 98109	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	[REDACTED] INDIANAPOLIS IN 46204	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	[REDACTED] OMAHA NE 68124	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	[REDACTED] FORT MYER VA 22211	\$ 8,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	[REDACTED] HAYMARKET VA 20169	\$ 7,200	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

46-0683036

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>HAYMARKET VA 20169</p>	\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>BROAD RUN VA 20137</p>	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>HAYMARKET VA 20169</p>	\$ 5,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2019

Open to Public Inspection

Name of the organization

Employer identification number

SERVE OUR WILLING WARRIORS

46-0683036

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under 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.

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		158,800		158,800
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **158,800**

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows for revenue reconciliation. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows 2a-d for adjustments. Row 2e: Add lines 2a through 2d. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows 4a-b for adjustments. Row 4c: Add lines 4a and 4b. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows for expense reconciliation. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows 2a-d for adjustments. Row 2e: Add lines 2a through 2d. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows 4a-b for adjustments. Row 4c: Add lines 4a and 4b. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

46-0683036

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

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

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

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

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

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

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

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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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GALA</u> (event type)	<u>BIKE RIDE</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	239,685	49,454	61,715	350,854
	2	Less: Contributions	21,000		9,901	30,901
	3	Gross income (line 1 minus line 2)	218,685	49,454	51,814	319,953
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	66,850	18,329	20,379	105,558
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					214,395

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.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes 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? Yes 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.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Employer identification number

46-0683036

SERVE OUR WILLING WARRIORS

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	SHIRLEY DOMINICK WORKING CAPITAL			PRESIDENT		X		200,000	169,220
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$	169,220					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
					Yes	No
(1)	SHIRLEY DOMINICK	OFFICER		WORKING CAPITAL LOAN		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

DAA

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2019

**Open to Public
Inspection**

Employer identification number

46-0683036

SERVE OUR WILLING WARRIORS

FORM 990, PART VI - ADDITIONAL INFORMATION

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

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

SHIRLEY DOMINICK

JOHN DOMINICK

PRESIDENT

VP

SPOUSE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

NO REVIEW WAS OR WILL BE CONDUCTED.

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

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

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

**COMPENSATION IS REVIEWED ANNUALLY AND SET AT COMPARABLE COMPENSATION FOR
JOB DUTIES PERFORMED**

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

**COMPENSATION IS REVIEWED ANNUALLY AND SET AT COMPARABLE COMPENSATION FOR
JOB DUTIES PERFORMED**

Name of the organization

Employer identification number

SERVE OUR WILLING WARRIORS

46-0683036

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

NO DOCUMENTS AVAILABLE TO THE PUBLIC

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

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return **SERVE OUR WILLING WARRIORS** Identifying number **46-0683036**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
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 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	65,398

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 2019	17	0
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 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 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 instructions	22	65,398
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Billards Table	1/01/14	2,475			2,475	7 MO S/L	1,768	353
2	BR Set- BR2 Matching	1/01/14	5,000			5,000	7 MO S/L	3,571	715
3	BR Set- BR3 Matching	1/01/14	6,000			6,000	7 MO S/L	4,286	857
4	Buffet/ Side Board	1/01/14	2,250			2,250	7 MO S/L	1,607	322
5	Chair - Drop Leaf Table	1/01/14	1,125			1,125	7 MO S/L	804	160
6	Chair - Leather Club	1/01/14	3,600			3,600	7 MO S/L	2,571	515
7	Chair - Leather Club, Americana Room	1/01/14	5,400			5,400	7 MO S/L	3,857	772
8	Chair - Leather Dining with Arms	1/01/14	21,000			21,000	7 MO S/L	15,000	3,000
9	Chair - Leather Office	1/01/14	1,800			1,800	7 MO S/L	1,286	257
10	Chair - Upholstered Side	1/01/14	1,600			1,600	7 MO S/L	1,143	228
11	Chair - Wingback	1/01/14	1,350			1,350	7 MO S/L	964	193
12	Chairs for Dining Room Table	1/01/14	1,000			1,000	7 MO S/L	714	143
13	Couch	1/01/14	1,500			1,500	7 MO S/L	1,071	215
14	Couch - 10 foot Light Blue	1/01/14	2,000			2,000	7 MO S/L	1,429	285
15	Couch - CB Leather	1/01/14	1,350			1,350	7 MO S/L	964	193
16	Couch - CB Leather Sectional	1/01/14	3,000			3,000	7 MO S/L	2,143	428
17	Couch - Dark Blue	1/01/14	1,500			1,500	7 MO S/L	1,071	215
18	Credenza - Black	1/01/14	2,200			2,200	7 MO S/L	1,571	315
19	Credenza - Black	1/01/14	2,000			2,000	7 MO S/L	1,429	285
20	Credenza - Mahogany with China Hutch	1/01/14	2,500			2,500	7 MO S/L	1,786	357
21	Credenza - Oak	1/01/14	1,500			1,500	7 MO S/L	1,071	215
22	Credenza 1 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,339	268
23	Credenza 2 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,339	268
24	Credenza 3 in DR	1/01/14	2,250			2,250	7 MO S/L	1,607	322
25	Hutch- China	1/01/14	2,625			2,625	7 MO S/L	1,875	375
26	Loveseat - CB Leather	1/01/14	1,125			1,125	7 MO S/L	804	160
27	Stools - Leather Bar	1/01/14	2,000			2,000	7 MO S/L	1,429	285
28	Table	1/01/14	1,000			1,000	7 MO S/L	714	143
29	Table - Dining Room	1/01/14	3,000			3,000	7 MO S/L	2,143	428
30	Table - Dining Room and Chair	1/01/14	4,000			4,000	7 MO S/L	2,857	572
31	Table - Hospitality	1/01/14	1,000			1,000	7 MO S/L	714	143
32	Table - Leather Topped	1/01/14	1,250			1,250	7 MO S/L	893	178
33	Table - Round Center	1/01/14	1,500			1,500	7 MO S/L	1,071	215
34	Table - Sofa Console in LR	1/01/14	1,000			1,000	7 MO S/L	714	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000			1,000	7 MO S/L	714	143
36	Bedroom and Living Room Furniture	1/01/15	15,000			15,000	7 MO S/L	8,571	2,143
37	Custom Banquet & Tables (booths)	1/01/15	26,523			26,523	7 MO S/L	15,156	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200			12,200	7 MO S/L	6,971	1,743
39	Chair Lift	1/01/16	9,949			9,949	7 MO S/L	4,264	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000			9,000	7 MO S/L	3,857	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000			5,000	7 MO S/L	2,143	714
42	Track Chair	1/01/17	11,947			11,947	7 MO S/L	3,413	1,707
43	Lawn Mower	4/16/18	2,999			2,999	7 MO S/L	303	429
44	Washer and Dryer	8/01/18	1,552			1,552	7 MO S/L	92	222
45	Scag Tiger Cat Mower 61"	12/04/18	8,899			8,899	7 MO S/L	106	1,271
46	EZGO Valor Cart	12/04/18	6,440			6,440	7 MO S/L	77	920
47	Snow Way Articulating Plow	12/04/18	4,500			4,500	7 MO S/L	54	642
48	Kiotti Mechtron Diesel UTV	12/04/18	11,700			11,700	7 MO S/L	0	1,671
49	Furniture for the new house	11/06/18	1,000			1,000	7 MO S/L	0	143
50	Furniture for the new house	11/06/18	7,145			7,145	7 MO S/L	0	1,021
51	Sets (2): Accent Chairs	11/06/18	2,000			2,000	7 MO S/L	0	286
52	Sets (2): Accent Chairs	11/06/18	1,339			1,339	7 MO S/L	0	191
53	Two Chairs for dining room table	12/20/18	240			240	7 MO S/L	0	34
54	Home completed March- 2019	12/31/18	1,287			1,287	7 MO S/L	0	184
55	Power Generators and Equipment	6/16/18	3,860			3,860	7 MO S/L	0	551
56	Water Heaters	11/21/18	2,860			2,860	7 MO S/L	0	409
57	16013 Waterfall Rd Building	12/31/14	698,670			698,670	39 MO S/L	71,658	17,915
58	Handicapped Access Ramp	12/30/15	7,800			7,800	39 MO S/L	600	200
59	House Trimming and Studding	12/30/15	5,000			5,000	39 MO S/L	385	128
60	Fans, Lights, Lumber	12/30/15	10,300			10,300	39 MO S/L	792	264
61	3 Full Kitchens	12/30/15	100,000			100,000	39 MO S/L	7,692	2,564
62	Booths in Basement	12/30/15	26,523			26,523	39 MO S/L	2,040	680
63	Garage Wheelchair Lift	12/30/15	15,000			15,000	39 MO S/L	1,154	384
64	Move Expenses to Buildings	12/05/16	1,846			1,846	39 MO S/L	99	47
65	Building Security System Installation	7/31/17	5,000			5,000	39 MO S/L	182	128
66	Land Design Consultants	10/01/17	26,266			26,266	39 MO S/L	842	673
68	14030 Land	12/31/14	158,800			158,800	0 -- Land	0	0
69	Barn	6/30/17	36,000			36,000	20 MO S/L	2,700	1,800
70	2015 Land improvements	12/30/15	58,020			58,020	15 MO S/L	11,604	3,868
71	2017 Land Improvements	7/01/17	29,500			29,500	15 MO S/L	2,986	1,967

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	Deck Materials	10/12/14	179			179	39 MO S/L	20	4
73	Reimburse for Renovation Expenses	10/13/14	446			446	39 MO S/L	49	11
74	Concret Slab	10/25/14	41			41	39 MO S/L	4	1
75	Renovation Exp	11/01/14	129			129	39 MO S/L	14	3
76	Lumber	11/11/14	653			653	39 MO S/L	70	16
77	Renovation Exp	11/12/14	9			9	39 MO S/L	1	0
78	Lowes and Home Depot Purchases	12/30/14	383			383	39 MO S/L	39	10
79	Lowes and Home Depot Purchase	12/30/14	2,021			2,021	39 MO S/L	207	52
80	Glass tile and stain	3/27/15	49			49	39 MO S/L	5	1
81	Tile	3/31/15	48			48	39 MO S/L	5	1
82	Lowes - Badger Disposal, Faucets	4/30/15	425			425	39 MO S/L	40	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117			117	39 MO S/L	11	3
84	Roof Mounted Awning	5/31/15	4,676			4,676	39 MO S/L	430	119
85	Cleaning Products, Nutz&Bolts	6/02/15	129			129	39 MO S/L	12	3
86	Improvements	6/02/15	40			40	39 MO S/L	4	1
87	Improvements	6/05/15	877			877	39 MO S/L	81	22
88	Chair Lifts	6/08/15	1,490			1,490	39 MO S/L	137	38
89	Improvements	6/08/15	117			117	39 MO S/L	11	3
90	Improvements	6/11/15	86			86	39 MO S/L	8	2
91	Improvements	6/22/15	73			73	39 MO S/L	7	1
92	Improvements	6/29/15	49			49	39 MO S/L	4	2
93	Improvements	6/29/15	345			345	39 MO S/L	31	9
94	Improvements	6/29/15	369			369	39 MO S/L	33	10
95	Improvements	6/29/15	550			550	39 MO S/L	49	14
Total Other Depreciation			<u>1,433,116</u>			<u>1,433,116</u>		<u>217,332</u>	<u>65,398</u>
Total ACRS and Other Depreciation			<u>1,433,116</u>			<u>1,433,116</u>		<u>217,332</u>	<u>65,398</u>
Grand Totals			1,433,116			1,433,116		217,332	65,398
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,433,116</u>			<u>1,433,116</u>		<u>217,332</u>	<u>65,398</u>

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Other Depreciation:								
1	Billards Table	1/01/14	2,475	2,475	1,768	353	353	0
2	BR Set- BR2 Matching	1/01/14	5,000	5,000	3,589	715	715	0
3	BR Set- BR3 Matching	1/01/14	6,000	6,000	4,286	857	857	0
4	Buffet/ Side Board	1/01/14	2,250	2,250	1,607	322	322	0
5	Chair - Drop Leaf Table	1/01/14	1,125	1,125	804	160	160	0
6	Chair - Leather Club	1/01/14	3,600	3,600	2,571	515	515	0
7	Chair - Leather Club, Americana Room	1/01/14	5,400	5,400	3,857	772	772	0
8	Chair - Leather Dining with Arms	1/01/14	21,000	21,000	15,000	3,000	3,000	0
9	Chair - Leather Office	1/01/14	1,800	1,800	1,286	257	257	0
10	Chair - Upholstered Side	1/01/14	1,600	1,600	1,143	228	228	0
11	Chair - Wingback	1/01/14	1,350	1,350	964	193	193	0
12	Chairs for Dining Room Table	1/01/14	1,000	1,000	714	143	143	0
13	Couch	1/01/14	1,500	1,500	1,071	215	215	0
14	Couch - 10 foot Light Blue	1/01/14	2,000	2,000	1,429	285	285	0
15	Couch - CB Leather	1/01/14	1,350	1,350	964	193	193	0
16	Couch - CB Leather Sectional	1/01/14	3,000	3,000	2,143	428	428	0
17	Couch - Dark Blue	1/01/14	1,500	1,500	1,071	215	215	0
18	Credenza - Black	1/01/14	2,200	2,200	1,571	315	315	0
19	Credenza - Black	1/01/14	2,000	2,000	1,429	285	285	0
20	Credenza - Mahogany with China Hutch	1/01/14	2,500	2,500	1,786	357	357	0
21	Credenza - Oak	1/01/14	1,500	1,500	1,071	215	215	0
22	Credenza 1 in Game Room	1/01/14	1,875	1,875	1,339	268	268	0
23	Credenza 2 in Game Room	1/01/14	1,875	1,875	1,339	268	268	0
24	Credenza 3 in DR	1/01/14	2,250	2,250	1,607	322	322	0
25	Hutch- China	1/01/14	2,625	2,625	1,875	375	375	0
26	Loveseat - CB Leather	1/01/14	1,125	1,125	804	160	160	0
27	Stools - Leather Bar	1/01/14	2,000	2,000	1,429	285	285	0
28	Table	1/01/14	1,000	1,000	714	143	143	0
29	Table - Dining Room	1/01/14	3,000	3,000	2,143	428	428	0
30	Table - Dining Room and Chair	1/01/14	4,000	4,000	2,857	572	572	0
31	Table - Hospitality	1/01/14	1,000	1,000	714	143	143	0
32	Table - Leather Topped	1/01/14	1,250	1,250	893	178	178	0
33	Table - Round Center	1/01/14	1,500	1,500	1,071	215	215	0
34	Table - Sofa Console in LR	1/01/14	1,000	1,000	714	143	143	0
35	Table - Square Walnut Drop Leaf	1/01/14	1,000	1,000	714	143	143	0
36	Bedroom and Living Room Furniture	1/01/15	15,000	15,000	8,571	2,143	2,143	0
37	Custom Banquet & Tables (booths)	1/01/15	26,523	26,523	15,156	3,789	3,789	0
38	Table w/ Hutch - Edelman	1/01/15	12,200	12,200	6,971	1,743	1,743	0
39	Chair Lift	1/01/16	9,949	9,949	4,264	1,421	1,421	0
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000	9,000	3,857	1,286	1,286	0
41	Wrought Iron Patio Furniture	1/01/16	5,000	5,000	2,143	714	714	0
42	Track Chair	1/01/17	11,947	11,947	3,413	1,707	1,707	0
43	Lawn Mower	4/16/18	2,999	2,999	303	429	429	0
44	Washer and Dryer	8/01/18	1,552	1,552	92	222	222	0
45	Scag Tiger Cat Mower 61"	12/04/18	8,899	8,899	106	1,271	1,271	0
46	EZGO Valor Cart	12/04/18	6,440	6,440	77	920	920	0
47	Snow Way Articulating Plow	12/04/18	4,500	4,500	54	642	642	0
48	Kioti Mechron Diesel UTV	12/04/18	11,700	11,700	0	1,671	1,671	0
49	Furniture for the new house	11/06/18	1,000	1,000	0	143	143	0
50	Furniture for the new house	11/06/18	7,145	7,145	0	1,021	1,021	0
51	Sets (2): Accent Chairs	11/06/18	2,000	2,000	0	286	286	0
52	Sets (2): Accent Chairs	11/06/18	1,339	1,339	0	191	191	0
53	Two Chairs for dining room table	12/20/18	240	240	0	34	34	0
54	Home completed March- 2019	12/31/18	1,287	1,287	0	184	184	0
55	Power Generators and Equipment	6/16/18	3,860	3,860	0	551	551	0
56	Water Heaters	11/21/18	2,860	2,860	0	409	409	0
57	16013 Waterfall Rd Building	12/31/14	698,670	698,670	71,658	17,915	17,915	0
58	Handicapped Access Ramp	12/30/15	7,800	7,800	600	200	200	0
59	House Trimming and Studding	12/30/15	5,000	5,000	385	128	128	0
60	Fans, Lights, Lumber	12/30/15	10,300	10,300	792	264	264	0
61	3 Full Kitchens	12/30/15	100,000	100,000	7,692	2,564	2,564	0
62	Booths in Basement	12/30/15	26,523	26,523	2,040	680	680	0
63	Garage Wheelchair Lift	12/30/15	15,000	15,000	1,154	384	384	0
64	Move Expenses to Buildings	12/05/16	1,846	1,846	99	47	47	0
65	Building Security System Installation	7/31/17	5,000	5,000	182	128	128	0
66	Land Design Consultants	10/01/17	26,266	26,266	842	673	673	0
68	14030 Land	12/31/14	158,800	158,800	0	0	0	0
69	Barn	6/30/17	36,000	36,000	2,700	1,800	1,800	0
70	2015 Land improvements	12/30/15	58,020	58,020	11,604	3,868	3,868	0
71	2017 Land Improvements	7/01/17	29,500	29,500	2,986	1,967	1,967	0

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
72	Deck Materials	10/12/14	179	179	20	4	4	0
73	Reimburse for Renovation Expenses	10/13/14	446	446	49	11	11	0
74	Concret Slab	10/25/14	41	41	4	1	1	0
75	Renovation Exp	11/01/14	129	129	14	3	3	0
76	Lumber	11/11/14	653	653	70	16	16	0
77	Renovation Exp	11/12/14	9	9	1	0	0	0
78	Lowes and Home Depot Purchases	12/30/14	383	383	39	10	10	0
79	Lowes and Home Depot Purchase	12/30/14	2,021	2,021	207	52	52	0
80	Glass tile and stain	3/27/15	49	49	5	1	1	0
81	Tile	3/31/15	48	48	5	1	1	0
82	Lowes - Badger Disposal, Faucets	4/30/15	425	425	40	11	11	0
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117	117	11	3	3	0
84	Roof Mounted Awning	5/31/15	4,676	4,676	430	119	119	0
85	Cleaning Products, Nutz&Bolts	6/02/15	129	129	12	3	3	0
86	Improvements	6/02/15	40	40	4	1	1	0
87	Improvements	6/05/15	877	877	81	22	22	0
88	Chair Lifts	6/08/15	1,490	1,490	137	38	38	0
89	Improvements	6/08/15	117	117	11	3	3	0
90	Improvements	6/11/15	86	86	8	2	2	0
91	Improvements	6/22/15	73	73	7	1	1	0
92	Improvements	6/29/15	49	49	4	2	2	0
93	Improvements	6/29/15	345	345	31	9	9	0
94	Improvements	6/29/15	369	369	33	10	10	0
95	Improvements	6/29/15	550	550	49	14	14	0
Total Other Depreciation			<u>1,433,116</u>	<u>1,433,116</u>	<u>217,350</u>	<u>65,398</u>	<u>65,398</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,433,116</u>	<u>1,433,116</u>	<u>217,350</u>	<u>65,398</u>	<u>65,398</u>	<u>0</u>
Grand Totals			1,433,116	1,433,116	217,350	65,398	65,398	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,433,116</u>	<u>1,433,116</u>	<u>217,350</u>	<u>65,398</u>	<u>65,398</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Billards Table	1/01/14	2,475			2,475	7 MO S/L	1,768	353
2	BR Set- BR2 Matching	1/01/14	5,000			5,000	7 MO S/L	3,589	715
3	BR Set- BR3 Matching	1/01/14	6,000			6,000	7 MO S/L	4,286	857
4	Buffet/ Side Board	1/01/14	2,250			2,250	7 MO S/L	1,607	322
5	Chair - Drop Leaf Table	1/01/14	1,125			1,125	7 MO S/L	804	160
6	Chair - Leather Club	1/01/14	3,600			3,600	7 MO S/L	2,571	515
7	Chair - Leather Club, Americana Room	1/01/14	5,400			5,400	7 MO S/L	3,857	772
8	Chair - Leather Dining with Arms	1/01/14	21,000			21,000	7 MO S/L	15,000	3,000
9	Chair - Leather Office	1/01/14	1,800			1,800	7 MO S/L	1,286	257
10	Chair - Upholstered Side	1/01/14	1,600			1,600	7 MO S/L	1,143	228
11	Chair - Wingback	1/01/14	1,350			1,350	7 MO S/L	964	193
12	Chairs for Dining Room Table	1/01/14	1,000			1,000	7 MO S/L	714	143
13	Couch	1/01/14	1,500			1,500	7 MO S/L	1,071	215
14	Couch - 10 foot Light Blue	1/01/14	2,000			2,000	7 MO S/L	1,429	285
15	Couch - CB Leather	1/01/14	1,350			1,350	7 MO S/L	964	193
16	Couch - CB Leather Sectional	1/01/14	3,000			3,000	7 MO S/L	2,143	428
17	Couch - Dark Blue	1/01/14	1,500			1,500	7 MO S/L	1,071	215
18	Credenza - Black	1/01/14	2,200			2,200	7 MO S/L	1,571	315
19	Credenza - Black	1/01/14	2,000			2,000	7 MO S/L	1,429	285
20	Credenza - Mahogany with China Hutch	1/01/14	2,500			2,500	7 MO S/L	1,786	357
21	Credenza - Oak	1/01/14	1,500			1,500	7 MO S/L	1,071	215
22	Credenza 1 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,339	268
23	Credenza 2 in Game Room	1/01/14	1,875			1,875	7 MO S/L	1,339	268
24	Credenza 3 in DR	1/01/14	2,250			2,250	7 MO S/L	1,607	322
25	Hutch- China	1/01/14	2,625			2,625	7 MO S/L	1,875	375
26	Loveseat - CB Leather	1/01/14	1,125			1,125	7 MO S/L	804	160
27	Stools - Leather Bar	1/01/14	2,000			2,000	7 MO S/L	1,429	285
28	Table	1/01/14	1,000			1,000	7 MO S/L	714	143
29	Table - Dining Room	1/01/14	3,000			3,000	7 MO S/L	2,143	428
30	Table - Dining Room and Chair	1/01/14	4,000			4,000	7 MO S/L	2,857	572
31	Table - Hospitality	1/01/14	1,000			1,000	7 MO S/L	714	143
32	Table - Leather Topped	1/01/14	1,250			1,250	7 MO S/L	893	178
33	Table - Round Center	1/01/14	1,500			1,500	7 MO S/L	1,071	215
34	Table - Sofa Console in LR	1/01/14	1,000			1,000	7 MO S/L	714	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000			1,000	7 MO S/L	714	143
36	Bedroom and Living Room Furniture	1/01/15	15,000			15,000	7 MO S/L	8,571	2,143
37	Custom Banquet & Tables (booths)	1/01/15	26,523			26,523	7 MO S/L	15,156	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200			12,200	7 MO S/L	6,971	1,743
39	Chair Lift	1/01/16	9,949			9,949	7 MO S/L	4,264	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000			9,000	7 MO S/L	3,857	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000			5,000	7 MO S/L	2,143	714
42	Track Chair	1/01/17	11,947			11,947	7 MO S/L	3,413	1,707
43	Lawn Mower	4/16/18	2,999			2,999	7 MO S/L	303	429
44	Washer and Dryer	8/01/18	1,552			1,552	7 MO S/L	92	222
45	Scag Tiger Cat Mower 61"	12/04/18	8,899			8,899	7 MO S/L	106	1,271
46	EZGO Valor Cart	12/04/18	6,440			6,440	7 MO S/L	77	920
47	Snow Way Articulating Plow	12/04/18	4,500			4,500	7 MO S/L	54	642
48	Kioti Mechtron Diesel UTV	12/04/18	11,700			11,700	7 MO S/L	0	1,671
49	Furniture for the new house	11/06/18	1,000			1,000	7 MO S/L	0	143
50	Furniture for the new house	11/06/18	7,145			7,145	7 MO S/L	0	1,021
51	Sets (2): Accent Chairs	11/06/18	2,000			2,000	7 MO S/L	0	286
52	Sets (2): Accent Chairs	11/06/18	1,339			1,339	7 MO S/L	0	191
53	Two Chairs for dining room table	12/20/18	240			240	7 MO S/L	0	34
54	Home completed March- 2019	12/31/18	1,287			1,287	7 MO S/L	0	184
55	Power Generators and Equipment	6/16/18	3,860			3,860	7 MO S/L	0	551
56	Water Heaters	11/21/18	2,860			2,860	7 MO S/L	0	409
57	16013 Waterfall Rd Building	12/31/14	698,670			698,670	39 MO S/L	71,658	17,915
58	Handicapped Access Ramp	12/30/15	7,800			7,800	39 MO S/L	600	200
59	House Trimming and Studding	12/30/15	5,000			5,000	39 MO S/L	385	128
60	Fans, Lights, Lumber	12/30/15	10,300			10,300	39 MO S/L	792	264
61	3 Full Kitchens	12/30/15	100,000			100,000	39 MO S/L	7,692	2,564
62	Booths in Basement	12/30/15	26,523			26,523	39 MO S/L	2,040	680
63	Garage Wheelchair Lift	12/30/15	15,000			15,000	39 MO S/L	1,154	384
64	Move Expenses to Buildings	12/05/16	1,846			1,846	39 MO S/L	99	47
65	Building Security System Installation	7/31/17	5,000			5,000	39 MO S/L	182	128
66	Land Design Consultants	10/01/17	26,266			26,266	39 MO S/L	842	673
68	14030 Land	12/31/14	158,800			158,800	0 -- Land	0	0
69	Barn	6/30/17	36,000			36,000	20 MO S/L	2,700	1,800
70	2015 Land improvements	12/30/15	58,020			58,020	15 MO S/L	11,604	3,868
71	2017 Land Improvements	7/01/17	29,500			29,500	15 MO S/L	2,986	1,967

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	Deck Materials	10/12/14	179			179	39 MO S/L	20	4
73	Reimburse for Renovation Expenses	10/13/14	446			446	39 MO S/L	49	11
74	Concret Slab	10/25/14	41			41	39 MO S/L	4	1
75	Renovation Exp	11/01/14	129			129	39 MO S/L	14	3
76	Lumber	11/11/14	653			653	39 MO S/L	70	16
77	Renovation Exp	11/12/14	9			9	39 MO S/L	1	0
78	Lowes and Home Depot Purchases	12/30/14	383			383	39 MO S/L	39	10
79	Lowes and Home Depot Purchase	12/30/14	2,021			2,021	39 MO S/L	207	52
80	Glass tile and stain	3/27/15	49			49	39 MO S/L	5	1
81	Tile	3/31/15	48			48	39 MO S/L	5	1
82	Lowes - Badger Disposal, Faucets	4/30/15	425			425	39 MO S/L	40	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117			117	39 MO S/L	11	3
84	Roof Mounted Awning	5/31/15	4,676			4,676	39 MO S/L	430	119
85	Cleaning Producs, Nutz&Bolts	6/02/15	129			129	39 MO S/L	12	3
86	Improvements	6/02/15	40			40	39 MO S/L	4	1
87	Improvements	6/05/15	877			877	39 MO S/L	81	22
88	Chair Lifts	6/08/15	1,490			1,490	39 MO S/L	137	38
89	Improvements	6/08/15	117			117	39 MO S/L	11	3
90	Improvements	6/11/15	86			86	39 MO S/L	8	2
91	Improvements	6/22/15	73			73	39 MO S/L	7	1
92	Improvements	6/29/15	49			49	39 MO S/L	4	2
93	Improvements	6/29/15	345			345	39 MO S/L	31	9
94	Improvements	6/29/15	369			369	39 MO S/L	33	10
95	Improvements	6/29/15	550			550	39 MO S/L	49	14
Total Other Depreciation			<u>1,433,116</u>			<u>1,433,116</u>		<u>217,350</u>	<u>65,398</u>
Total ACRS and Other Depreciation			<u>1,433,116</u>			<u>1,433,116</u>		<u>217,350</u>	<u>65,398</u>
Grand Totals			1,433,116			1,433,116		217,350	65,398
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>1,433,116</u>			<u>1,433,116</u>		<u>217,350</u>	<u>65,398</u>

46-0683036

Depreciation Adjustment Report All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Billards Table	1/01/14	2,475	354	354
2	BR Set- BR2 Matching	1/01/14	5,000	714	696
3	BR Set- BR3 Matching	1/01/14	6,000	857	857
4	Buffet/ Side Board	1/01/14	2,250	321	321
5	Chair - Drop Leaf Table	1/01/14	1,125	161	161
6	Chair - Leather Club	1/01/14	3,600	514	514
7	Chair - Leather Club, Americana Room	1/01/14	5,400	771	771
8	Chair - Leather Dining with Arms	1/01/14	21,000	3,000	3,000
9	Chair - Leather Office	1/01/14	1,800	257	257
10	Chair - Upholstered Side	1/01/14	1,600	229	229
11	Chair - Wingback	1/01/14	1,350	193	193
12	Chairs for Dining Room Table	1/01/14	1,000	143	143
13	Couch	1/01/14	1,500	214	214
14	Couch - 10 foot Light Blue	1/01/14	2,000	286	286
15	Couch - CB Leather	1/01/14	1,350	193	193
16	Couch - CB Leather Sectional	1/01/14	3,000	429	429
17	Couch - Dark Blue	1/01/14	1,500	214	214
18	Credenza - Black	1/01/14	2,200	314	314
19	Credenza - Black	1/01/14	2,000	286	286
20	Credenza - Mahogany with China Hutch	1/01/14	2,500	357	357
21	Credenza - Oak	1/01/14	1,500	214	214
22	Credenza 1 in Game Room	1/01/14	1,875	268	268
23	Credenza 2 in Game Room	1/01/14	1,875	268	268
24	Credenza 3 in DR	1/01/14	2,250	321	321
25	Hutch- China	1/01/14	2,625	375	375
26	Loveseat - CB Leather	1/01/14	1,125	161	161
27	Stools - Leather Bar	1/01/14	2,000	286	286
28	Table	1/01/14	1,000	143	143
29	Table - Dining Room	1/01/14	3,000	429	429
30	Table - Dining Room and Chair	1/01/14	4,000	571	571
31	Table - Hospitality	1/01/14	1,000	143	143
32	Table - Leather Topped	1/01/14	1,250	179	179
33	Table - Round Center	1/01/14	1,500	214	214
34	Table - Sofa Console in LR	1/01/14	1,000	143	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000	143	143
36	Bedroom and Living Room Furniture	1/01/15	15,000	2,143	2,143
37	Custom Banquet & Tables (booths)	1/01/15	26,523	3,789	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200	1,743	1,743
39	Chair Lift	1/01/16	9,949	1,421	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000	1,286	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000	714	714
42	Track Chair	1/01/17	11,947	1,707	1,707
43	Lawn Mower	4/16/18	2,999	428	428
44	Washer and Dryer	8/01/18	1,552	222	222
45	Scag Tiger Cat Mower 61"	12/04/18	8,899	1,272	1,272
46	EZGO Valor Cart	12/04/18	6,440	920	920
47	Snow Way Articulating Plow	12/04/18	4,500	643	643
48	Kioti Mechron Diesel UTV	12/04/18	11,700	1,672	1,672
49	Furniture for the new house	11/06/18	1,000	143	143
50	Furniture for the new house	11/06/18	7,145	1,020	1,020
51	Sets (2): Accent Chairs	11/06/18	2,000	285	285
52	Sets (2): Accent Chairs	11/06/18	1,339	192	192
53	Two Chairs for dining room table	12/20/18	240	35	35
54	Home completed March- 2019	12/31/18	1,287	184	184
55	Power Generators and Equipment	6/16/18	3,860	552	552
56	Water Heaters	11/21/18	2,860	408	408
57	16013 Waterfall Rd Building	12/31/14	698,670	17,915	17,915
58	Handicapped Access Ramp	12/30/15	7,800	200	200
59	House Trimming and Studding	12/30/15	5,000	128	128
60	Fans, Lights, Lumber	12/30/15	10,300	265	265
61	3 Full Kitchens	12/30/15	100,000	2,565	2,565
62	Booths in Basement	12/30/15	26,523	680	680
63	Garage Wheelchair Lift	12/30/15	15,000	385	385
64	Move Expenses to Buildings	12/05/16	1,846	47	47
65	Building Security System Installation	7/31/17	5,000	128	128
66	Land Design Consultants	10/01/17	26,266	674	674
68	14030 Land	12/31/14	158,800	0	0
69	Barn	6/30/17	36,000	1,800	1,800

Future Depreciation Report FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
70	2015 Land improvements	12/30/15	58,020	3,868	3,868
71	2017 Land Improvements	7/01/17	29,500	1,966	1,966
72	Deck Materials	10/12/14	179	5	5
73	Reimburse for Renovation Expenses	10/13/14	446	11	11
74	Concret Slab	10/25/14	41	2	2
75	Renovation Exp	11/01/14	129	3	3
76	Lumber	11/11/14	653	17	17
77	Renovation Exp	11/12/14	9	0	0
78	Lowes and Home Depot Purchases	12/30/14	383	10	10
79	Lowes and Home Depot Purchase	12/30/14	2,021	52	52
80	Glass tile and stain	3/27/15	49	1	1
81	Tile	3/31/15	48	1	1
82	Lowes - Badger Disposal, Faucets	4/30/15	425	11	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117	3	3
84	Roof Mounted Awning	5/31/15	4,676	120	120
85	Cleaning Products, Nutz&Bolts	6/02/15	129	3	3
86	Improvements	6/02/15	40	1	1
87	Improvements	6/05/15	877	23	23
88	Chair Lifts	6/08/15	1,490	38	38
89	Improvements	6/08/15	117	3	3
90	Improvements	6/11/15	86	2	2
91	Improvements	6/22/15	73	2	2
92	Improvements	6/29/15	49	1	1
93	Improvements	6/29/15	345	9	9
94	Improvements	6/29/15	369	9	9
95	Improvements	6/29/15	550	15	15
Total Other Depreciation			<u>1,433,116</u>	<u>65,407</u>	<u>65,389</u>
Total ACRS and Other Depreciation			<u>1,433,116</u>	<u>65,407</u>	<u>65,389</u>
Grand Totals			<u>1,433,116</u>	<u>65,407</u>	<u>65,389</u>

VA Future Depreciation Report FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	VA
Other Depreciation:				
1	Billards Table	1/01/14	2,475	354
2	BR Set- BR2 Matching	1/01/14	5,000	696
3	BR Set- BR3 Matching	1/01/14	6,000	857
4	Buffet/ Side Board	1/01/14	2,250	321
5	Chair - Drop Leaf Table	1/01/14	1,125	161
6	Chair - Leather Club	1/01/14	3,600	514
7	Chair - Leather Club, Americana Room	1/01/14	5,400	771
8	Chair - Leather Dining with Arms	1/01/14	21,000	3,000
9	Chair - Leather Office	1/01/14	1,800	257
10	Chair - Upholstered Side	1/01/14	1,600	229
11	Chair - Wingback	1/01/14	1,350	193
12	Chairs for Dining Room Table	1/01/14	1,000	143
13	Couch	1/01/14	1,500	214
14	Couch - 10 foot Light Blue	1/01/14	2,000	286
15	Couch - CB Leather	1/01/14	1,350	193
16	Couch - CB Leather Sectional	1/01/14	3,000	429
17	Couch - Dark Blue	1/01/14	1,500	214
18	Credenza - Black	1/01/14	2,200	314
19	Credenza - Black	1/01/14	2,000	286
20	Credenza - Mahogany with China Hutch	1/01/14	2,500	357
21	Credenza - Oak	1/01/14	1,500	214
22	Credenza 1 in Game Room	1/01/14	1,875	268
23	Credenza 2 in Game Room	1/01/14	1,875	268
24	Credenza 3 in DR	1/01/14	2,250	321
25	Hutch- China	1/01/14	2,625	375
26	Loveseat - CB Leather	1/01/14	1,125	161
27	Stools - Leather Bar	1/01/14	2,000	286
28	Table	1/01/14	1,000	143
29	Table - Dining Room	1/01/14	3,000	429
30	Table - Dining Room and Chair	1/01/14	4,000	571
31	Table - Hospitality	1/01/14	1,000	143
32	Table - Leather Topped	1/01/14	1,250	179
33	Table - Round Center	1/01/14	1,500	214
34	Table - Sofa Console in LR	1/01/14	1,000	143
35	Table - Square Walnut Drop Leaf	1/01/14	1,000	143
36	Bedroom and Living Room Furniture	1/01/15	15,000	2,143
37	Custom Banquet & Tables (booths)	1/01/15	26,523	3,789
38	Table w/ Hutch - Edelman	1/01/15	12,200	1,743
39	Chair Lift	1/01/16	9,949	1,421
40	Gently used Ex Mark Lazer Zero Mower	1/01/16	9,000	1,286
41	Wrought Iron Patio Furniture	1/01/16	5,000	714
42	Track Chair	1/01/17	11,947	1,707
43	Lawn Mower	4/16/18	2,999	428
44	Washer and Dryer	8/01/18	1,552	222
45	Scag Tiger Cat Mower 61"	12/04/18	8,899	1,272
46	EZGO Valor Cart	12/04/18	6,440	920
47	Snow Way Articulating Plow	12/04/18	4,500	643
48	Kioti Mechron Diesel UTV	12/04/18	11,700	1,672
49	Furniture for the new house	11/06/18	1,000	143
50	Furniture for the new house	11/06/18	7,145	1,020
51	Sets (2): Accent Chairs	11/06/18	2,000	285
52	Sets (2): Accent Chairs	11/06/18	1,339	192
53	Two Chairs for dining room table	12/20/18	240	35
54	Home completed March- 2019	12/31/18	1,287	184
55	Power Generators and Equipment	6/16/18	3,860	552
56	Water Heaters	11/21/18	2,860	408
57	16013 Waterfall Rd Building	12/31/14	698,670	17,915
58	Handicapped Access Ramp	12/30/15	7,800	200
59	House Trimming and Studding	12/30/15	5,000	128
60	Fans, Lights, Lumber	12/30/15	10,300	265
61	3 Full Kitchens	12/30/15	100,000	2,565
62	Booths in Basement	12/30/15	26,523	680
63	Garage Wheelchair Lift	12/30/15	15,000	385
64	Move Expenses to Buildings	12/05/16	1,846	47
65	Building Security System Installation	7/31/17	5,000	128
66	Land Design Consultants	10/01/17	26,266	674
68	14030 Land	12/31/14	158,800	0
69	Barn	6/30/17	36,000	1,800

VA Future Depreciation Report

FYE: 12/31/20

Form 990, Page 1

Asset	Description	Date In Service	Cost	VA
70	2015 Land improvements	12/30/15	58,020	3,868
71	2017 Land Improvements	7/01/17	29,500	1,966
72	Deck Materials	10/12/14	179	5
73	Reimburse for Renovation Expenses	10/13/14	446	11
74	Concret Slab	10/25/14	41	2
75	Renovation Exp	11/01/14	129	3
76	Lumber	11/11/14	653	17
77	Renovation Exp	11/12/14	9	0
78	Lowes and Home Depot Purchases	12/30/14	383	10
79	Lowes and Home Depot Purchase	12/30/14	2,021	52
80	Glass tile and stain	3/27/15	49	1
81	Tile	3/31/15	48	1
82	Lowes - Badger Disposal, Faucets	4/30/15	425	11
83	Lowes - 2 Delta H20 Kinetic Faucets	4/30/15	117	3
84	Roof Mounted Awning	5/31/15	4,676	120
85	Cleaning Products, Nutz&Bolts	6/02/15	129	3
86	Improvements	6/02/15	40	1
87	Improvements	6/05/15	877	23
88	Chair Lifts	6/08/15	1,490	38
89	Improvements	6/08/15	117	3
90	Improvements	6/11/15	86	2
91	Improvements	6/22/15	73	2
92	Improvements	6/29/15	49	1
93	Improvements	6/29/15	345	9
94	Improvements	6/29/15	369	9
95	Improvements	6/29/15	550	15
Total Other Depreciation			<u>1,433,116</u>	<u>65,389</u>
Total ACRS and Other Depreciation			<u>1,433,116</u>	<u>65,389</u>
Grand Totals			<u>1,433,116</u>	<u>65,389</u>

Federal Depreciation Report with Situs

Asset Id	Property Description	Date In Service	Tax Period	Tax Method	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Situs
Group: Barn												
69	Barn	6/30/17	20.00	S/L	36,000.00	0.00	0.00	2,700.00	1,800.00	4,500.00	31,500.00	Virginia
					<u>36,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2,700.00</u>	<u>1,800.00</u>	<u>4,500.00</u>	<u>31,500.00</u>	
Group: Building and Improvement												
57	16013 Waterfall Rd Buildi	12/31/14	39.00	S/L	698,670.27	0.00	0.00	71,658.49	17,914.62	89,573.11	609,097.16	Virginia
58	Handicapped Access Ram	12/30/15	39.00	S/L	7,800.00	0.00	0.00	600.00	200.00	800.00	7,000.00	Virginia
59	House Trimming and Stud	12/30/15	39.00	S/L	5,000.00	0.00	0.00	384.62	128.21	512.83	4,487.17	Virginia
60	Fans, Lights, Lumber	12/30/15	39.00	S/L	10,300.00	0.00	0.00	792.31	264.10	1,056.41	9,243.59	Virginia
61	3 Full Kitchens	12/30/15	39.00	S/L	100,000.00	0.00	0.00	7,692.31	2,564.10	10,256.41	89,743.59	Virginia
62	Booths in Basement	12/30/15	39.00	S/L	26,523.00	0.00	0.00	2,040.23	680.08	2,720.31	23,802.69	Virginia
63	Garage Wheelchair Lift	12/30/15	39.00	S/L	15,000.00	0.00	0.00	1,153.85	384.62	1,538.47	13,461.53	Virginia
64	Move Expenses to Buildin	12/05/16	39.00	S/L	1,846.27	0.00	0.00	98.63	47.34	145.97	1,700.30	Virginia
65	Building Security System	7/31/17	39.00	S/L	5,000.00	0.00	0.00	181.63	128.21	309.84	4,690.16	Virginia
66	Land Design Consultants	10/01/17	39.00	S/L	26,266.25	0.00	0.00	841.86	673.49	1,515.35	24,750.90	Virginia
72	Deck Materials	10/12/14	39.00	S/L	178.95	0.00	0.00	19.50	4.59	24.09	154.86	Virginia
73	Reimburse for Renovation	10/25/14	39.00	S/L	445.83	0.00	0.00	48.58	11.43	60.01	385.82	Virginia
74	Concrete Slab	11/01/14	39.00	S/L	41.23	0.00	0.00	4.41	1.06	5.47	35.76	Virginia
75	Renovation Exp	11/01/14	39.00	S/L	128.67	0.00	0.00	13.75	3.30	17.05	111.62	Virginia
76	Lumber	11/11/14	39.00	S/L	652.85	0.00	0.00	69.75	16.74	86.49	566.36	Virginia
77	Renovation Exp	11/12/14	39.00	S/L	8.66	0.00	0.00	0.92	0.22	1.14	7.52	Virginia
78	Lowes and Home Depot P	12/30/14	39.00	S/L	382.63	0.00	0.00	39.24	9.81	49.05	333.58	Virginia
79	Lowes and Home Depot P	12/30/14	39.00	S/L	2,021.43	0.00	0.00	207.32	51.83	259.15	1,762.28	Virginia
80	Glass tile and stain	3/27/15	39.00	S/L	49.28	0.00	0.00	4.73	1.26	5.99	43.29	Virginia
81	Tile	3/31/15	39.00	S/L	48.44	0.00	0.00	4.66	1.24	5.90	42.54	Virginia
82	Lowes - Badger Disposal,	4/30/15	39.00	S/L	424.98	0.00	0.00	39.96	10.90	50.86	374.12	Virginia
83	Lowes - 2 Delta H20 Kine	4/30/15	39.00	S/L	116.56	0.00	0.00	10.96	2.99	13.95	102.61	Virginia
84	Roof Mounted Awning	5/31/15	39.00	S/L	4,675.50	0.00	0.00	429.58	119.88	549.46	4,126.04	Virginia
85	Cleaning Products, Nutz&I	6/02/15	39.00	S/L	128.54	0.00	0.00	11.81	3.30	15.11	113.43	Virginia
86	Improvements	6/02/15	39.00	S/L	39.52	0.00	0.00	3.63	1.01	4.64	34.88	Virginia
87	Improvements	6/05/15	39.00	S/L	877.31	0.00	0.00	80.61	22.50	103.11	774.20	Virginia
88	Chair Lifts	6/08/15	39.00	S/L	1,490.00	0.00	0.00	136.91	38.21	175.12	1,314.88	Virginia
89	Improvements	6/08/15	39.00	S/L	116.60	0.00	0.00	10.71	2.99	13.70	102.90	Virginia
90	Improvements	6/11/15	39.00	S/L	85.51	0.00	0.00	7.85	2.19	10.04	75.47	Virginia
91	Improvements	6/22/15	39.00	S/L	72.52	0.00	0.00	6.51	1.86	8.37	64.15	Virginia
92	Improvements	6/29/15	39.00	S/L	48.51	0.00	0.00	4.35	1.24	5.59	42.92	Virginia
93	Improvements	6/29/15	39.00	S/L	344.63	0.00	0.00	30.93	8.84	39.77	304.86	Virginia
94	Improvements	6/29/15	39.00	S/L	368.77	0.00	0.00	33.10	9.46	42.56	326.21	Virginia
95	Improvements	6/29/15	39.00	S/L	549.69	0.00	0.00	49.33	14.09	63.42	486.27	Virginia
Building and Improvement					<u>999,702.40</u>	<u>0.00</u>	<u>0.00</u>	<u>86,713.03</u>	<u>23,325.71</u>	<u>110,038.74</u>	<u>799,663.66</u>	
Group: Furniture and Fixtures												
1	Billards Table	1/01/14	7.00	S/L	2,475.00	0.00	0.00	1,767.86	353.57	2,121.43	353.57	Virginia
2	BR Set- BR2 Matching	1/01/14	7.00	S/L	5,000.00	0.00	0.00	3,571.43	714.29	4,285.72	714.28	Virginia
3	BR Set- BR3 Matching	1/01/14	7.00	S/L	6,000.00	0.00	0.00	4,285.71	857.14	5,142.85	857.15	Virginia
4	Bufet/ Side Board	1/01/14	7.00	S/L	2,250.00	0.00	0.00	1,607.14	321.43	1,928.57	321.43	Virginia
5	Chair - Drop Leaf Table	1/01/14	7.00	S/L	1,125.00	0.00	0.00	803.57	160.71	964.28	160.72	Virginia

Federal Depreciation Report with Situs

Asset	Property Description	Date In Service	Tax Period	Tax Method	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Situs
6	Chair - Leather Club	1/01/14	7.00	S/L	3,600.00	0.00	0.00	2,571.43	514.29	3,085.72	514.28	Virginia
7	Chair - Leather Club, Arme	1/01/14	7.00	S/L	5,400.00	0.00	0.00	3,857.14	771.43	4,628.57	771.43	Virginia
8	Chair - Leather Dining wit	1/01/14	7.00	S/L	21,000.00	0.00	0.00	15,000.00	3,000.00	18,000.00	3,000.00	Virginia
9	Chair - Leather Office	1/01/14	7.00	S/L	1,800.00	0.00	0.00	1,285.71	257.14	1,542.85	257.14	Virginia
10	Chair - Upholstered Side	1/01/14	7.00	S/L	1,600.00	0.00	0.00	1,142.86	228.57	1,371.43	228.57	Virginia
11	Chair - Wingback	1/01/14	7.00	S/L	1,350.00	0.00	0.00	964.29	192.86	1,157.15	192.85	Virginia
12	Chairs for Dining Room T	1/01/14	7.00	S/L	1,000.00	0.00	0.00	714.29	142.86	857.15	142.85	Virginia
13	Couch	1/01/14	7.00	S/L	1,500.00	0.00	0.00	1,071.43	214.29	1,285.72	214.28	Virginia
14	Couch - 10 foot Light Blue	1/01/14	7.00	S/L	2,000.00	0.00	0.00	1,428.57	285.71	1,714.28	285.72	Virginia
15	Couch - CB Leather	1/01/14	7.00	S/L	1,350.00	0.00	0.00	964.29	192.86	1,157.15	192.85	Virginia
16	Couch - CB Leather Sectic	1/01/14	7.00	S/L	3,000.00	0.00	0.00	2,142.86	428.57	2,571.43	428.57	Virginia
17	Couch - Dark Blue	1/01/14	7.00	S/L	1,500.00	0.00	0.00	1,071.43	214.29	1,285.72	214.28	Virginia
18	Credenza - Black	1/01/14	7.00	S/L	2,200.00	0.00	0.00	1,571.43	314.29	1,885.72	314.28	Virginia
19	Credenza - Black	1/01/14	7.00	S/L	2,000.00	0.00	0.00	1,428.57	285.71	1,714.28	285.72	Virginia
20	Credenza - Mahogany wit	1/01/14	7.00	S/L	2,500.00	0.00	0.00	1,785.71	357.14	2,142.85	357.15	Virginia
21	Credenza - Oak	1/01/14	7.00	S/L	1,500.00	0.00	0.00	1,071.43	214.29	1,285.72	214.28	Virginia
22	Credenza 1 in Game Room	1/01/14	7.00	S/L	1,875.00	0.00	0.00	1,339.29	267.86	1,607.15	267.85	Virginia
23	Credenza 2 in Game Room	1/01/14	7.00	S/L	1,875.00	0.00	0.00	1,339.29	267.86	1,607.15	267.85	Virginia
24	Credenza 3 in DR	1/01/14	7.00	S/L	2,250.00	0.00	0.00	1,607.14	321.43	1,928.57	321.43	Virginia
25	Hutch- China	1/01/14	7.00	S/L	2,625.00	0.00	0.00	1,875.00	375.00	2,250.00	375.00	Virginia
26	Loveseat - CB Leather	1/01/14	7.00	S/L	1,125.00	0.00	0.00	803.57	160.71	964.28	160.72	Virginia
27	Stools - Leather Bar	1/01/14	7.00	S/L	2,000.00	0.00	0.00	1,428.57	285.71	1,714.28	285.72	Virginia
28	Table	1/01/14	7.00	S/L	1,000.00	0.00	0.00	714.29	142.86	857.15	142.85	Virginia
29	Table - Dining Room	1/01/14	7.00	S/L	3,000.00	0.00	0.00	2,142.86	428.57	2,571.43	428.57	Virginia
30	Table - Dining Room and	1/01/14	7.00	S/L	4,000.00	0.00	0.00	2,857.14	571.43	3,428.57	571.43	Virginia
31	Table - Hospitality	1/01/14	7.00	S/L	1,000.00	0.00	0.00	714.29	142.86	857.15	142.85	Virginia
32	Table - Leather Topped	1/01/14	7.00	S/L	1,250.00	0.00	0.00	892.86	178.57	1,071.43	178.57	Virginia
33	Table - Round Center	1/01/14	7.00	S/L	1,500.00	0.00	0.00	1,071.43	214.29	1,285.72	214.28	Virginia
34	Table - Sofa Console in LI	1/01/14	7.00	S/L	1,000.00	0.00	0.00	714.29	142.86	857.15	142.85	Virginia
35	Table - Square Walnut Drc	1/01/14	7.00	S/L	1,000.00	0.00	0.00	714.29	142.86	857.15	142.85	Virginia
36	Bedroom and Living Room	1/01/15	7.00	S/L	15,000.00	0.00	0.00	8,571.43	2,142.86	10,714.29	2,142.86	Virginia
37	Custom Banquet & Tables	1/01/15	7.00	S/L	26,523.00	0.00	0.00	15,156.00	3,789.00	18,945.00	3,789.00	Virginia
38	Table w/ Hutch - Edelman	1/01/15	7.00	S/L	12,200.00	0.00	0.00	6,971.43	1,742.86	8,714.29	1,742.86	Virginia
39	Chair Lift	1/01/16	7.00	S/L	9,949.00	0.00	0.00	4,263.86	1,421.29	5,685.15	1,421.29	Virginia
40	Gently used Ex Mark Laze	1/01/16	7.00	S/L	9,000.00	0.00	0.00	3,857.14	1,285.71	5,142.85	1,285.71	Virginia
41	Wrought Iron Patio Furnit	1/01/16	7.00	S/L	5,000.00	0.00	0.00	2,142.86	714.29	2,857.15	714.29	Virginia
42	Track Chair	1/01/17	7.00	S/L	11,947.00	0.00	0.00	3,413.42	1,706.71	5,120.13	1,706.71	Virginia
43	Lawn Mower	4/16/18	7.00	S/L	2,999.00	0.00	0.00	303.47	428.43	731.90	226.71	Virginia
44	Washer and Dryer	8/01/18	7.00	S/L	1,552.00	0.00	0.00	92.38	221.71	314.09	123.79	Virginia
45	Scag Tiger Cat Mower 61	12/04/18	7.00	S/L	8,899.00	0.00	0.00	105.94	1,271.29	1,377.23	1,271.29	Virginia
46	EZGO Valor Cart	12/04/18	7.00	S/L	6,440.00	0.00	0.00	76.67	996.67	1,073.34	996.67	Virginia
47	Snow Way Articulating Pl	12/04/18	7.00	S/L	4,500.00	0.00	0.00	53.57	642.86	696.43	642.86	Virginia
48	Kioti Mechnon Diesel UTV	12/04/18	7.00	S/L	11,700.00	0.00	0.00	0.00	1,671.43	1,671.43	1,671.43	Virginia
49	Furniture for the new hours	11/06/18	7.00	S/L	1,000.00	0.00	0.00	0.00	142.86	142.86	142.86	Virginia
50	Furniture for the new hours	11/06/18	7.00	S/L	7,145.09	0.00	0.00	0.00	1,020.73	1,020.73	1,020.73	Virginia
51	Sets (2): Accent Chairs	11/06/18	7.00	S/L	2,000.00	0.00	0.00	0.00	285.71	285.71	285.71	Virginia
52	Sets (2): Accent Chairs	11/06/18	7.00	S/L	1,339.43	0.00	0.00	0.00	191.35	191.35	191.35	Virginia
53	Two Chairs for dining roo	12/20/18	7.00	S/L	240.00	0.00	0.00	0.00	34.29	34.29	34.29	Virginia
54	Home completed March-2	12/31/18	7.00	S/L	1,286.60	0.00	0.00	0.00	183.80	183.80	183.80	Virginia

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

Federal Depreciation Report with Situs

Asset Id	Property Description	Date In Service	Tax Period	Tax Method	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Situs
Activity: Form 990, Page 1 Group: Furniture and Fixtures (continued)												
55	Power Generators and Equ	6/16/18	7.00	S/L	3,860.00	0.00	0.00	0.00	551.43	551.43	3,308.57	Virginia
56	Water Heaters	11/21/18	7.00	S/L	2,860.00	0.00	0.00	0.00	408.57	408.57	2,451.43	Virginia
	Furniture and Fixtures				<u>241,090.12</u>	<u>0.00</u>	<u>0.00</u>	<u>113,329.63</u>	<u>34,441.49</u>	<u>147,771.12</u>	<u>93,319.00</u>	
Group: Land												
68	14030 Land	12/31/14	0.00	Land	158,800.00	0.00	0.00	0.00	0.00	0.00	158,800.00	Virginia
	Land				<u>158,800.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>158,800.00</u>	
Group: Land Improvements												
70	2015 Land Improvements	12/30/15	15.00	S/L	58,020.00	0.00	0.00	11,604.00	3,868.00	15,472.00	42,548.00	Virginia
71	2017 Land Improvements	7/01/17	15.00	S/L	29,500.00	0.00	0.00	2,986.11	1,966.67	4,952.78	24,547.22	Virginia
	Land Improvements				<u>87,520.00</u>	<u>0.00</u>	<u>0.00</u>	<u>14,590.11</u>	<u>5,834.67</u>	<u>20,424.78</u>	<u>67,095.22</u>	
					<u>1,433,112.52</u>	<u>0.00</u>	<u>0.00</u>	<u>217,332.77</u>	<u>65,401.87</u>	<u>282,734.64</u>	<u>1,150,377.88</u>	
	Grand Total				<u>1,433,112.52</u>	<u>0.00</u>	<u>0.00</u>	<u>217,332.77</u>	<u>65,401.87</u>	<u>282,734.64</u>	<u>1,150,377.88</u>	

Form 990, Page 1

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2019
For calendar year 2019, or tax year beginning _____, and ending _____		

Name SERVE OUR WILLING WARRIORS	Employer Identification Number 46-0683036
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		(a) Other event OTHER FUNDRAISI (event type)	(b) Other event _____ (event type)	(c) Other event _____ (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	61,715			61,715
	2 Less: Charitable contr butions	9,901			9,901
	3 Gross income (line 1 minus line 2)	51,814			51,814
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	20,379			20,379

Form **990****Two Year Comparison Report****2018 & 2019**

For calendar year 2019, or tax year beginning , ending

Name

Taxpayer Identification Number

SERVE OUR WILLING WARRIORS**46-0683036**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1. 448,800	276,078	-172,722
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 23,102		-23,102
	5. Investment income	5. 1,761	2,018	257
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -69,484	214,395	283,879
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.	254	254
	11. Other revenue	11. 856		-856
	12. Total revenue. Add lines 1 through 11	12. 405,035	492,745	87,710
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 206,371	159,288	-47,083
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 51,236	39,172	-12,064
	19. Occupancy, rent, utilities, and maintenance	19. 52,618	47,621	-4,997
	20. Depreciation and Depletion	20. 58,468	78,840	20,372
	21. Other expenses	21. 137,813	117,301	-20,512
	22. Total expenses. Add lines 13 through 21	22. 506,506	442,222	-64,284
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -101,471	50,523	151,994
Other Information	24. Total exempt revenue	24. 405,035	492,745	87,710
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. -38,683	216,667	255,350
	27. Total assets	27. 1,656,077	1,998,628	342,551
	28. Total liabilities	28. 798,671	761,342	-37,329
	29. Retained earnings	29. 857,406	1,237,286	379,880
	30. Number of voting members of governing body	30. 7	7	
	31. Number of independent voting members of governing body	31. 5	5	
	32. Number of employees	32. 12	9	
	33. Number of volunteers	33. 150	78	

Form **990**

Tax Return History

2019

Name **SERVE OUR WILLING WARRIORS** Employer Identification Number **46-0683036**

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants				448,800	276,078	
Membership dues						
Program service revenue				23,102		
Capital gain or loss				1,761	2,018	
Investment income				-69,484	214,395	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)				856	254	
Other revenue				405,035	492,745	
Total revenue						
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				206,371	159,288	
Professional fees				51,236	39,172	
Occupancy costs				52,618	47,621	
Depreciation and depletion				58,468	78,840	
Other expenses				137,813	117,301	
Total expenses				506,506	442,222	
Excess or (Deficit)				-101,471	50,523	
Total exempt revenue				405,035	492,745	
Total unrelated revenue						
Total excludable revenue				-38,683	216,667	
Total Assets				1,656,077	1,998,628	
Total Liabilities				798,671	761,342	
Net Fund Balances				857,406	1,237,286	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 2,018		14			
TOTAL	<u>\$ 2,018</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL PROCESSING	\$ 684	\$	\$ 684	\$
OTHER PROFESSIONAL	382		382	
TOTAL	<u>\$ 1,066</u>	<u>\$ 0</u>	<u>\$ 1,066</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
GIFT CARDS	\$ 88	\$	\$ 88	\$
TOTAL	<u>\$ 88</u>	<u>\$ 0</u>	<u>\$ 88</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FEDERATED CAMPAIGNS	\$ 12,687
DIRECT PUBLIC SUPPORT	144,809
CORPORATE CONTRIBUTIONS	60,050
IN-KIND CONTRIBUTIONS	3,261
RESTRICTED DONATIONS	24,370
GALA	
CASH CONTRIBUTION	21,000
OTHER FUNDRAISING	9,901
CASH CONTRIBUTION	
TOTAL	\$ 276,078

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 2,018
TOTAL	\$ 2,018

Federal Statements**Gala****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DIRECT COSTS	\$ <u>66,850</u>
TOTAL	\$ <u><u>66,850</u></u>

Bike Ride

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>18,329</u>
TOTAL	\$ <u><u>18,329</u></u>

Federal Statements**Other Fundraising****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
WARRIOR RETREAT	\$ 9,827
MONTE CARLO	6,437
TOTAL	\$ <u>16,264</u>

Federal Statements

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 9,160
PAYROLL LIABILITIES	<u>5,040</u>
TOTAL	<u>\$ 14,200</u>

Virginia Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

This return is marked to be filed electronically

Missing Data

Prior Year Data

Virginia Electronic Filing

Form 8453C has already signed

X

Virginia Form 500 Return Summary

For calendar year 2019 or tax year beginning , ending
SERVE OUR WILLING WARRIORS **46-0683036**

Taxable Income

Federal taxable income		
Total additions		
Total subtractions		
Savings and loan association's bad debt deduction		
Virginia taxable income		
Apportionment factor	100.00	
Taxable income		

Taxable Computation

Income tax		
Nonrefundable tax credits		
Adjusted corporate tax		

Payments and Penalties

Estimated income tax payments and overpayment credit		
Extension payment		
Refundable tax credits from Schedule 500CR		
Pass-through entity withholding from Schedule 500ADJ		
Penalty		
Interest		
Additional charge Form 500C		
Total payments and penalties		
Total Due		0
Overpayment credited to next year		
Refund		

Next Year's Estimates

1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
Total		

Annual Registration Information

Gross contributions		263,391
Total fees		200
Registration / extended due date		ASAP

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

PO Box 526, Richmond, VA 23218-0526

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

OCRP-102 Revised 04/18

**REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102**

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

Organization name: SERVE OUR WILLING WARRIORS

Address: 16013 WATERFALL ROAD

HAYMARKET VA 20169-2126

Federal Employer Identification Number: 46-0683036

REGISTRATION FEE AMOUNT

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

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

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

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

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

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

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

Total Fees: \$ 200

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

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

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

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

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

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

PO Box 526, Richmond, VA 23218-0526

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

OCR-P-102 Revised 04/18

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102**

Please choose the type of registration:

	Initial Registration
OR	
<input checked="" type="checkbox"/>	Annual Renewal

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCR-P) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO" or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's primary name:

SERVE OUR WILLING WARRIORS

2. List any other names under which you may solicit contributions in Virginia:

3. Required primary address: 16013 WATERFALL ROAD

<u>HAYMARKET</u>	<u>VA</u>	<u>20169-2126</u>
City	State	Zip Code

"Primary address" means the bona fide physical street address of the organization or sole proprietor. **P.O. Boxes will not be accepted.** Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

Yes No **If "Yes,"** then attach a list of the addresses and telephone numbers for those offices.

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

5. Mailing address if different from primary address above: _____

_____	_____	_____
City	State	Zip Code

6. Other contact information: 703-785-8980

Telephone, including area code Fax, including area code

WWW.WILLINGWARRIORS.ORG

Internet URL

Organization's official e-mail address*

***The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:** _____

7. Locations of other chapters, branches, affiliates:

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

If "Yes,"

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

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

8. Please check one:

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

9. Date of incorporation or formation: _____

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

11. What is the main purpose of the charitable organization?

SEE STATEMENT 1

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

 Name and Company Name

 Address

City State Zip Code

13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: _____ To: _____

b) Has the organization recently changed its fiscal year? Yes No

If "Yes," then provide the dates of the "short" fiscal year:

From: _____ To: _____

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

15. Key personnel:

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

SEE STATEMENT 2

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

SEE STATEMENT 3

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

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

d) For the **CURRENT** fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will **not** accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include **titles**. Addresses are not required if the named individuals are to be contacted at the organization's primary address. SEE STATEMENT 4

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

16(A): Percentage of fundraising expenses:

- 1) Total amount of contributions received directly from the public:
(found on the IRS Form 990, Part VIII, line 1h (less government grants)) \$ 276,078
- 2) Total spent on fundraising, including contracts with professional
fund-raising counsel or professional solicitors: \$ 5,895
(found on the IRS Form 990, Part IX, Line 25, Column D)
- 3) Percent of fundraising expenses:
(found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) 2.1353 %
- 4) For Federated fund-raising organizations **ONLY**: State the percentage
withheld from a donation designated for a member agency: _____ %

16(B): Percentage of charitable services expenses:

- 1) Total amount of expenses dedicated to providing charitable services:
(found on the IRS Form 990, Part IX – Line 25, Column B) \$ 360,732
- 2) Total amount of expenses of the organization:
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 442,222
- 3) Percent of program services expenses:
(found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) 81.5726 %

16(C): Percentage of administrative expenses:

- 1) Total amount of expenses dedicated to administrative costs:
 (found on the IRS Form 990, Part IX – Line 25, Column C) \$ 75,595
- 2) Total amount of expenses of the organization:
 (found on the IRS Form 990, Part IX – Line 25, Column A) \$ 442,222
- 3) Percent of administrative expenses:
 (found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 17.0944 %

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

Yes No

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

i) Are all questions on the form answered?

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

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

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

26. OATH OR AFFIRMATION.

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

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

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

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

SHIRLEY DOMINICK
Print name

PRESIDENT/FOUNDER
Title

Date

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

Print name

Title

Date

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

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel *are effective, if complete, upon receipt* by the Commissioner." For more information on determining whether your registration is complete, see: <http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf> .

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

SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

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

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

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

***COMPUTATION OF FEE CRITERIA**

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

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 276,078

Subtract

- Funds received from federated fundraising organization (FFO)** (IRS Form 990, Part VIII, Line 1a): B 12,687
- Government Grants (IRS Form 990, Part VIII, Line 1e) C _____

Total Deductions (add Lines B and C) D 12,687

GROSS CONTRIBUTIONS (subtract Line D from Line A) E 263,391

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

Name of FFO: _____

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

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

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

MICHELLE BUCKLES

TREASURER

Statement 3 - Form 102, Page 3, Question 15b - Individuals Who Approve the Organization's BudgetNameTitle

ORGANIZATION'S BOARD

BOARD MEMBERS

**Statement 4 - Form 102, Page 3, Question 15d - Names of Organization's Officers,
Directors, Trustees, and Principal Salaried Staff**

Name	City	State	Zip	Address 1	Foreign Province or State	Address 2	Title
SHIRLEY DOMINICK	HAYMARKET	16013	20169	WATERFALL ROAD			PRESIDENT / FOUNDER
MICHELLE BUCKLES		VA					TREASURER
JOHN DOMINICK							VP / CO-FOUNDER
MARK SHABBER							BOARD MEMBER
RICK FERRY							BOARD MEMBER
ERICA LAOS							BOARD MEMBER
RICK BROOKS							BOARD MEMBER
EMILY LAPPAT							EXECUTIVE DIRECTOR
DANIELA GREGOIRE	HAYMARKET	16013	20169	WATERFALL ROAD			TREASURER

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

Corporation Name SERVE OUR WILLING WARRIORS	Federal ID Number 46-0683036
Part I Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2019 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>	
<p>Officer's e-File PIN: check one box only</p> <p><input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN 83036 as my signature on the corporation's 2019 electronic Virginia corporation income tax return.</p> <p style="text-align: center;">Do not enter all zeros</p> <p style="text-align: center;"><u>HUEY AND ASSOCIATES, P.C.</u></p> <p style="text-align: center;">ERO Firm Name</p> <p><input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2019 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.</p>	
<p>Your Signature _____ Date <u>11/16/20</u></p>	
Part III Certification and Authentication	
<p>ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54262320003</p> <p style="text-align: center;">Do not enter all zeros</p> <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2019 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>	
<p>ERO's Signature <u>JONATHAN L NICHOLS, CPA</u> Date <u>11/16/20</u></p>	

**2019 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



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

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

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

Form 1120 – Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	_____	.00
2. Net Operating Loss Deduction	2.	_____	.00
3. Special Deductions	3.	_____	1,000.00
4. Federal Taxable Income after NOL and Special Deductions	4.	_____	.00

Form 1120, Schedule C – Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	_____	.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.	_____	.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.	_____	.00
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Form 5884 – Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.	_____	.00
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Form 4562 – Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	_____	.00
10. Property subject to 168(f)(1) election	10.	_____	.00
11. Other depreciation	11.	_____	65,398.00

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

12. Total: Dividends (Exclude Gross-Up)	12.	_____	.00
13. Total: Dividends (Gross-up)	13.	_____	.00
14. Total: Inclusions (Exclude Gross-up)	14.	_____	.00
15. Total: Inclusions (Gross-up)	15.	_____	.00
16. Total: Interest	16.	_____	.00
17. Total: Gross Rents, Royalties, and License Fees	17.	_____	.00
18. Total: Gross Income from Performance of Services	18.	_____	.00
19. Total: Other	19.	_____	.00
20. Total: Total Gross Income or Loss from Outside the US	20.	_____	.00

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

21. Total: Allocable – Rental, Royalty, and Licensing Expenses – Depreciation, Depletion, and Amortization	21.	_____	.00
22. Total: Allocable – Rental, Royalty, and Licensing Expenses - Other Expenses	22.	_____	.00
23. Total: Allocable – Expenses Related to Gross Income from Performance of Services	23.	_____	.00
24. Total: Allocable – Other Allocable Deductions	24.	_____	.00
25. Total: Total Allocable Deductions	25.	_____	.00
26. Total: Apportioned Share of Deductions	26.	_____	.00
27. Total: Net Operating Loss Deduction	27.	_____	.00
28. Total: Total Deductions	28.	_____	.00

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

29. Total: Total Income or (Loss) Before Adjustments	29.	_____	.00
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