

Form 8879-TE

IRS e-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20

2021

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

SERVE OUR WILLING WARRIORS

EIN or SSN

46-0683036

Name and title of officer or person subject to tax **SHIRLEY DOMINICK**  
**PRESIDENT/CO-FOUNDER****Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,103,860.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 10-25-2022

**Part III** Certification and Authentication

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

51353214984

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ANGELA HOLLINS, CPA

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

102521 01-11-22

12121021 141729 SER006

2021.04030 SERVE OUR WILLING WARRIORS SER006\_1

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

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

October 19, 2022

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

Dear Shirley,

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022.

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

Very truly yours,

Angela Hollins, CPA

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

October 19, 2022

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

Dear Shirley,

Enclosed are the original and one copy of the 2021 Exempt  
Organization return, as follows...

2021 Form 990

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

Very truly yours,

Angela Hollins, CPA



## Filing Instructions

**Prepared for:**

SERVE OUR WILLING WARRIORS  
16013 WATERFALL ROAD  
HAYMARKET, VA 20169-2126

**Prepared by:**

Hollins & Hur CPAs PLLC  
5501 Merchants View Sq., No 730  
Haymarket, VA 20169

2021 FORM 990

**Electronic Filing:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022.

Form 8879-TE

IRS e-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

2021

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

SERVE OUR WILLING WARRIORS

EIN or SSN

46-0683036

Name and title of officer or person subject to tax SHIRLEY DOMINICK  
PRESIDENT/CO-FOUNDER**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,103,860.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize HOLLINS & HUR CPAS PLLC

ERO firm name

to enter my PIN 83036

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III** Certification and Authentication

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

51353214984

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ANGELA HOLLINS, CPA

Date ▶

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)



**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  SERVE OUR WILLING WARRIORS	Taxpayer identification number (TIN)  46-0683036
	Number, street, and room or suite no. If a P.O. box, see instructions. 16013 WATERFALL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAYMARKET, VA 20169-2126	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DIANNE POLK

- The books are in the care of ► 16013 WATERFALL ROAD - HAYMARKET, VA 20169

Telephone No. ► (703) 785-8980

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2021 or► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</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	<b>C</b> Name of organization  SERVE OUR WILLING WARRIORS		<b>D</b> Employer identification number  46-0683036
	Doing business as WILLING WARRIORS		<b>E</b> Telephone number  (703) 785-8980
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	16013 WATERFALL ROAD		
	City or town, state or province, country, and ZIP or foreign postal code HAYMARKET, VA 20169-2126		<b>G</b> Gross receipts \$ 1,193,441.
<b>F</b> Name and address of principal officer: SHIRLEY DOMINICK 16013 WATERFALL ROAD, HAYMARKET, VA 20169		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ WWW.WILLINGWARRIORS.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2012	<b>M</b> State of legal domicile: VA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE OUR COUNTRY'S RECOVERING WOUNDED, ILL AND INJURED WARRIORS, DISABLED VETERANS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	24.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	489,293.	1,052,796.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	320.	24.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,502.	51,040.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	535,115.	1,103,860.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	118,284.	203,690.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,217.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	332,327.	270,499.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	450,611.	474,189.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	84,504.	629,671.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	2,172,437.	2,786,620.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	845,737.	827,194.
		1,326,700.	1,959,426.

**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.

<b>Sign Here</b>	Signature of officer		Date
	SHIRLEY DOMINICK, PRESIDENT/CO-FOUNDER		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	ANGELA HOLLINS, CPA		
<b>Use Only</b>	Firm's name ▶ HOLLINS & HUR CPAS PLLC	Firm's EIN ▶ 87-2802894	Check if self-employed <input type="checkbox"/> PTIN P00923579
	Firm's address ▶ 5501 MERCHANTS VIEW SQ., NO 730 HAYMARKET, VA 20169	Phone no. 571-222-4765	

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, DISABLED VETERANS AND THEIR FAMILIES WITH  
ENCOURAGEMENT, SUPPORT AND RESPIRE 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 \$ 375,192. including grants of \$ ) (Revenue \$ )

THE PRIMARY MISSION OF THE ORGANIZATION IS TO PROVIDE A HOME-AWAY FROM  
HOME RESPIRE 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 2021, WE SERVED OVER 200  
WARRIORS AND THEIR FAMILIES WITH RETREAT STAYS, EDUCATIONAL AND  
THERAPEUTIC ACTIVITIES AND LINKED THEM WITH A NETWORK OF ORGANIZATIONS  
AND INDIVIDUALS WHO CAN ADVISE, SUPPORT AND GUIDE THEIR TRANSITION BACK  
TO CIVILIAN LIFE.

**4b** (Code: ) (Expenses \$ 28,241. including grants of \$ ) (Revenue \$ )

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

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **403,433.**

Form 990 (2021)



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X



**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		



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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	



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

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

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

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ **VA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
**DIANNE POLK - (703) 829-9371**  
**16013 WATERFALL ROAD, HAYMARKET, VA 20169**



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

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<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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[illegible]

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
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		Yes	No
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	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> .....	4	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> .....	5	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.

<b>(A)</b> Name and business address			<b>(B)</b> Description of services			<b>(C)</b> Compensation		
NONE								
<b>2</b> 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 1,299.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 211,648.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 104,256.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 735,593.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f .....					
<b>Program Service Revenue</b>	<b>2 a</b> .....	<b>Business Code</b>				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		24.		24.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	<b>6a</b> (i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b> (i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b> Gain or (loss) .....	<b>7c</b>				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 211,648. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b> 133,780.				
	<b>b</b> Less: direct expenses .....	<b>8b</b> 87,064.				
	<b>c</b> Net income or (loss) from fundraising events .....		46,716.		46,716.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>				
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b> 6,841.					
<b>b</b> Less: cost of goods sold .....	<b>10b</b> 2,517.					
<b>c</b> Net income or (loss) from sales of inventory .....		4,324.	4,324.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e</b> <b>Total.</b> Add lines 11a-11d .....					
<b>12</b> <b>Total revenue.</b> See instructions .....		1,103,860.	4,324.	24.	46,716.	



**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	186,398.	147,741.	36,638.	2,019.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	2,526.	1,976.	550.	
<b>10</b> Payroll taxes	14,766.	11,225.	2,923.	618.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	10,014.	9,959.	55.	
<b>b</b> Legal	3,750.	3,750.		
<b>c</b> Accounting	13,358.		13,358.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	855.	5.	850.	
<b>12</b> Advertising and promotion	26,904.	20,207.		6,697.
<b>13</b> Office expenses	4,301.	4,203.	91.	7.
<b>14</b> Information technology	10,812.	10,167.	645.	
<b>15</b> Royalties				
<b>16</b> Occupancy	58,458.	57,179.		1,279.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	41,944.	41,944.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	66,215.	66,215.		
<b>23</b> Insurance	12,757.	12,226.	531.	
<b>24</b> 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.)				
<b>a</b> WARRIOR RETREAT	9,577.	6,637.	193.	2,747.
<b>b</b> OTHER EXPENSES	6,647.	5,092.	705.	850.
<b>c</b> VISITING CHEF	4,349.	4,349.		
<b>d</b> DIRECT WARRIOR SUPPORT	558.	558.		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	474,189.	403,433.	56,539.	14,217.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	327,913.	1	1,104,564.
	2 Savings and temporary cash investments .....	42,527.	2	42,551.
	3 Pledges and grants receivable, net .....	89,433.	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 .....	3,625.	8	3,600.
	9 Prepaid expenses and deferred charges .....	10,808.	9	3,404.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,115,050.		
	b Less: accumulated depreciation .....	10b 483,134.		
		1,698,131.	10c	1,631,916.
	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 .....	0.	15	585.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,172,437.	16	2,786,620.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	21,396.	17	15,300.
	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 .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	567,085.	23	551,707.
	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 .....	257,256.	25	260,187.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	845,737.	26	827,194.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	1,277,487.	27	1,910,213.
	28 Net assets with donor restrictions .....	49,213.	28	49,213.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	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 <b>Total net assets or fund balances</b> .....	1,326,700.	32	1,959,426.
	33 <b>Total liabilities and net assets/fund balances</b> .....	2,172,437.	33	2,786,620.

Form 990 (2021)



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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,103,860.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	474,189.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	629,671.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,326,700.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,055.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,959,426.

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

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

Form **990** (2021)

Department of the Treasury  
Internal Revenue Service

## OMB No. 1545-0047

2021

### Open to Public Inspection

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

46-0683036

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (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).)
- 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 on 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). \_\_\_\_\_

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		
<b>Total</b>						



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

(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 I fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	780,921.	448,800.	276,078.	489,293.	1,087,320.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge					
4 <b>Total.</b> Add lines 1 through 3	780,921.	448,800.	276,078.	489,293.	1,087,320.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					
6 <b>Public support.</b> Subtract line 5 from line 4.					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021
7 Amounts from line 4	780,921.	448,800.	276,078.	489,293.	1,087,320.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,647.	1,761.	2,018.	320.	24.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	51,636.				99,256.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		22,095.			
11 <b>Total support.</b> Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					12
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>					

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
b <b>33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV** Supporting Organizations *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
<b>b</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.		



**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



**Part VI**

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

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

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

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).









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
<u>1</u>		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 25,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 40,000.	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 II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]



Name of organization  SERVE OUR WILLING WARRIORS	Employer identification number  46-0683036
--	--

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

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

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
(ii) Assets included in Form 990, Part X .....	▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

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

Schedule D (Form 990) 2021



**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		1,538,782.	195,982.	1,342,800.
c Leasehold improvements				
d Equipment				
e Other		417,468.	287,152.	130,316.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,631,916.

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE, PPP FUNDS	260,187.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	260,187.

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

Schedule D (Form 990) 2021



<b>Part XI</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</b>
----------------	--

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>
-----------------	--

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

Complete if the organization answered "Yes" on Form 990, Part VII, line 12a				
<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

SERVE OUR WILLING WARRIORS

Employer identification number

46-0683036

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

VETERANS AND THEIR FAMILIES WITH ENCOURAGEMENT, SUPPORT AND RESPITE

STAYS AT THE BULL RUN WARRIOR RETREAT.

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

SHIRLEY DOMINICK - PRESIDENT - SPOUSE

JOHN DOMINICK - VICE PRESIDENT

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

NO REVIEW WAS OR WILL BE CONDUCTED.

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

ENFORCEMENTS OF CONFLICTS POLICY THE ORGANIZATION REQUIRES OFFICERS,

DIRECTORS AND VOLUNTEERS TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT

ANNUALLY. BOARD OF DIRECTORS ENSURES COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY AND SET AT COMPARABLE COMPENSATION FOR

JOB DUTIES PERFORMED.

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

NO DOCUMENTS AVAILABLE TO THE PUBLIC

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

ADJUST PRIOR PERIOD RETAINED EARNINGS

3,055.

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

Schedule O (Form 990) 2021

132211 11-11-21



2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
104	PENPED HOUSE	01/01/20	SL	39.00		MM17	293,341.				293,341.	14,730.		7,521.	22,251.
105	MASSAGE ROOM	01/01/20	SL	39.00		MM17	3,250.				3,250.	163.		83.	246.
106	BUILDING IMPROVEMENTS	01/01/20	SL	39.00		MM17	331,029.				331,029.	8,147.		8,488.	16,635.
107	LAND IMPROVEMENTS - TREES, BUSHES & MULCH	01/01/20	SL	39.00		MM17	1,456.				1,456.	133.		37.	170.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						629,076.				629,076.	23,173.		16,129.	39,302.
1	BILLARDS TABLE	01/01/14	200DB	7.00		HY17	2,475.				2,475.	2,342.		110.	2,452.
2	BR SET-BR2 MATCHING	01/01/14	200DB	7.00		HY17	5,000.				5,000.	4,733.		223.	4,956.
3	BR SET-BR3 MATCHING	01/01/14	200DB	7.00		HY17	6,000.				6,000.	5,679.		268.	5,947.
4	BUFFET/SIDE BOARD	01/01/14	200DB	7.00		HY17	2,250.				2,250.	2,130.		100.	2,230.
5	CHAIR-DROP LEAF TABLE	01/01/14	200DB	7.00		HY17	1,125.				1,125.	1,064.		50.	1,114.
6	CHAIR-LEATHER CLUB	01/01/14	200DB	7.00		HY17	3,600.				3,600.	3,407.		161.	3,568.
7	CHAIR-LEATHER CLUB	01/01/14	200DB	7.00		HY17	5,400.				5,400.	5,111.		241.	5,352.
8	CHAIR-LEATHER DINING	01/01/14	200DB	7.00		HY17	21,000.				21,000.	19,875.		937.	20,812.
9	CHAIR-LEATHER OFFICE	01/01/14	200DB	7.00		HY17	1,800.				1,800.	1,704.		80.	1,784.
10	CHAIR-UPHOLSTERED SIDE	01/01/14	200DB	7.00		HY17	1,600.				1,600.	1,514.		71.	1,585.
11	CHAIR-WINGBACK	01/01/14	200DB	7.00		HY17	1,350.				1,350.	1,278.		60.	1,338.
12	CHAIRS FOR DINING ROOM	01/01/14	200DB	7.00		HY17	1,000.				1,000.	946.		45.	991.

128111 04-01-21

(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	COUCH	01/01/14	200DB	7.00		HY17	1,500.				1,500.	1,420.		67.	1,487.
14	COUCH-10FOOT LIGHT BLUE	01/01/14	200DB	7.00		HY17	2,000.				2,000.	1,893.		89.	1,982.
15	COUCH-CB LEATHER	01/01/14	200DB	7.00		HY17	1,350.				1,350.	1,278.		60.	1,338.
16	COUCH-CB LEATHER SECTION	01/01/14	200DB	7.00		HY17	3,000.				3,000.	2,839.		134.	2,973.
17	COUCH-DARK BLUE	01/01/14	200DB	7.00		HY17	1,500.				1,500.	1,420.		67.	1,487.
18	CREDENZA-BLACK	01/01/14	200DB	7.00		HY17	2,200.				2,200.	2,082.		98.	2,180.
19	CREDENZA-BLACK	01/01/14	200DB	7.00		HY17	2,000.				2,000.	1,893.		89.	1,982.
20	CREDENZA-MAHOGANY	01/01/14	200DB	7.00		HY17	2,500.				2,500.	2,366.		112.	2,478.
21	CREDENZA-OAK	01/01/14	200DB	7.00		HY17	1,500.				1,500.	1,420.		67.	1,487.
22	CREDENZA-1 IN GAME ROOM	01/01/14	200DB	7.00		HY17	1,875.				1,875.	1,774.		84.	1,858.
23	CREDENZA-2 IN GAME ROOM	01/01/14	200DB	7.00		HY17	1,875.				1,875.	1,774.		84.	1,858.
24	CREDENZA-3 IN DR	01/01/14	200DB	7.00		HY17	2,250.				2,250.	2,130.		100.	2,230.
25	HUTCH-CHINA	01/01/14	200DB	7.00		HY17	2,625.				2,625.	2,484.		117.	2,601.
26	LOVESEAT-CB LEATHER	01/01/14	200DB	7.00		HY17	1,125.				1,125.	1,064.		50.	1,114.
27	STOOLS-LEATHER BAR	01/01/14	200DB	7.00		HY17	2,000.				2,000.	1,893.		89.	1,982.
28	TABLE	01/01/14	200DB	7.00		HY17	1,000.				1,000.	946.		45.	991.
29	TABLE-DINING ROOM	01/01/14	200DB	7.00		HY17	3,000.				3,000.	2,839.		134.	2,973.
30	TABLE-DINING ROOM AND	10/01/14	200DB	7.00		HY17	4,000.				4,000.	3,786.		178.	3,964.

128111 04-01-21

(D) - Asset disposed

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



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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	TABLE-HOSPITALITY	01/01/14	200DB	7.00		HY17	1,000.				1,000.	946.		45.	991.
32	TABLE-LEATHER TOPPED	01/01/14	200DB	7.00		HY17	1,250.				1,250.	1,183.		56.	1,239.
33	TABLE-ROUND CENTER	01/01/14	200DB	7.00		HY17	1,500.				1,500.	1,420.		67.	1,487.
34	TABLE-SOFA CONSOLE IN	01/01/14	200DB	7.00		HY17	1,000.				1,000.	946.		45.	991.
35	TABLE-SQUARE WALNUT	01/01/14	200DB	7.00		HY17	1,000.				1,000.	946.		45.	991.
36	BEDROOM AND LIVING ROOM	01/01/15	200DB	7.00		HY17	15,000.				15,000.	12,052.		1,340.	13,392.
37	CUSTOM BANQUET & TABLES	01/01/15	200DB	7.00		HY17	26,523.				26,523.	21,311.		2,369.	23,680.
38	TABLE W/HUTCH-EDELMAN	01/01/15	200DB	7.00		HY17	12,200.				12,200.	9,802.		1,089.	10,891.
39	CHAIR LIFT	01/01/16	200DB	7.00		HY17	9,949.				9,949.	6,573.		887.	7,460.
40	GENTLY USED EX MARK	01/01/16	200DB	7.00		HY17	9,000.				9,000.	5,947.		803.	6,750.
41	WROGHT IRON PATIO FURNITURE	01/01/16	200DB	7.00		HY17	5,000.				5,000.	3,304.		446.	3,750.
42	TRACK CHAIR	01/01/17	200DB	7.00		HY17	11,947.				11,947.	6,612.		1,067.	7,679.
43	LAWN MOWER	04/16/18	200DB	7.00		HY17	2,999.				2,999.	1,257.		375.	1,632.
44	WASHER AND DRYER	08/01/18	200DB	7.00		HY17	1,552.				1,552.	585.		194.	779.
45	SCAG TIGER CAT MOWER 61	12/04/18	200DB	7.00		HY17	8,899.				8,899.	2,933.		1,111.	4,044.
46	EZGO VALOR CART	12/04/18	200DB	7.00		HY17	6,440.				6,440.	2,123.		804.	2,927.
47	SNOW WAY ARTICULATING	12/04/18	200DB	7.00		HY17	4,500.				4,500.	1,483.		562.	2,045.
48	KIOTI MECHRON DIESEL UTV	12/04/18	200DB	7.00		HY17	11,700.				11,700.	3,717.		1,461.	5,178.

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(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	FURNITURE FOR THE NEW HOUSE	11/06/18	200DB	7.00		HY17	1,000.				1,000.	318.		125.	443.
50	FURNITURE FOR THE NEW HOUSE	11/06/18	200DB	7.00		HY17	7,145.				7,145.	2,271.		892.	3,163.
51	SETS 2:ACCENT CHAIRS	11/06/18	200DB	7.00		HY17	2,000.				2,000.	636.		250.	886.
52	SETS 2:ACCENT CHAIRS	11/06/18	200DB	7.00		HY17	1,339.				1,339.	425.		167.	592.
53	TWO CHAIRS FOR DINING ROOM	12/20/18	200DB	7.00		HY17	240.				240.	76.		30.	106.
54	HOME COMPLETED MARCH	12/31/18	200DB	7.00		HY17	1,287.				1,287.	409.		161.	570.
55	POWER GENERATORS AND EQUIPMENT	06/16/18	200DB	7.00		HY17	3,860.				3,860.	1,226.		482.	1,708.
56	WATER HEATERS	11/21/18	200DB	7.00		HY17	2,860.				2,860.	909.		357.	1,266.
100	FURNITURE	01/01/20	200DB	7.00		MQ17	942.			942.				0.	
101	TABLES	05/15/20	200DB	7.00		MQ17	561.			561.				0.	
102	HEAVY DUTY WASHER AND DRYER	12/07/20	200DB	7.00		MQ17	2,406.			2,406.				0.	
	* 990 PAGE 10 TOTAL -						874,075.			3,909.	870,166.	197,667.		✓ 35,369.	233,036.
57	16013 WATERFALL ROAD BUILDING	12/31/14	SL	39.00		MM17	698,670.				698,670.	107,487.		17,914.	125,401.
58	HANDICAPPED ACCESS RAMP	12/30/15	SL	39.00		MM17	7,800.				7,800.	1,000.		200.	1,200.
59	HOUSE TRIMMING AND STUD	12/30/15	SL	39.00		MM17	5,000.				5,000.	641.		128.	769.
60	FANS, LIGHTS, LUMBER	12/30/15	SL	39.00		MM17	10,300.				10,300.	1,320.		264.	1,584.
61	3 FULL KITCHENS	12/30/15	SL	39.00		MM17	100,000.				100,000.	12,820.		2,564.	15,384.
62	BOOTHES IN BASEMENT	12/30/15	SL	39.00		MM17	26,523.				26,523.	3,400.		680.	4,080.

128111 04-01-21

(D) - Asset disposed

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



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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	GARAGE WHEELCHAIR LIFT	12/30/15	SL	39.00	MM17		15,000.				15,000.	1,923.		385.	2,308.
64	MOVE EXPENSE TO BUILDING	12/05/16	SL	39.00	MM17		1,846.				1,846.	193.		47.	240.
65	BUILDING SECURITY SYSTEM	07/31/17	SL	39.00	MM17		5,000.				5,000.	438.		128.	566.
66	LAND DESIGN CONSULTANTS	10/01/17	SL	39.00	MM17		26,266.				26,266.	2,188.		673.	2,861.
72	DECK MATERIALS	10/12/14	SL	39.00	MM17		179.				179.	29.		5.	34.
73	REIMBURSE FOR RENOVATION	10/13/14	SL	39.00	MM17		446.				446.	71.		11.	82.
74	CONCRETE SLAB	10/25/14	SL	39.00	MM17		41.				41.	6.		1.	7.
75	RENOVATION EXP	11/01/14	SL	39.00	MM17		129.				129.	20.		3.	23.
76	LUMBER	11/11/14	SL	39.00	MM17		653.				653.	103.		17.	120.
77	RENOVATION EXP	11/12/14	SL	39.00	MM17		9.				9.	1.		0.	1.
78	LOWES AND HOME DEPOT	12/30/14	SL	39.00	MM17		383.				383.	59.		10.	69.
79	LOWES AND HOME DEPOT	12/30/14	SL	39.00	MM17		2,021.				2,021.	311.		52.	363.
80	GLASS TILE AND STAIN	03/27/15	SL	39.00	MM17		49.				49.	7.		1.	8.
81	TILE	03/31/15	SL	39.00	MM17		48.				48.	7.		1.	8.
82	LOWES-BADGER DISPOSAL	04/30/15	SL	39.00	MM17		425.				425.	62.		11.	73.
83	LOWES-2 DELTA H2O KINE	04/30/15	SL	39.00	MM17		117.				117.	17.		3.	20.
84	ROOF MOUNTED AWNING	05/31/15	SL	39.00	MM17		4,676.				4,676.	669.		120.	789.
85	CLEANING PRODUCTS	06/02/15	SL	39.00	MM17		129.				129.	18.		3.	21.

128111 04-01-21

(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
86	IMPROVEMENTS	06/02/15	SL	39.00	MM17		40.				40.	6.		1.	7.
87	IMPROVEMENTS	06/05/15	SL	39.00	MM17		877.				877.	125.		22.	147.
88	CHAIR LIFTS	06/08/15	SL	39.00	MM17		1,490.				1,490.	213.		38.	251.
89	IMPROVEMENTS	06/08/15	SL	39.00	MM17		117.				117.	17.		3.	20.
90	IMPROVEMENTS	06/11/15	SL	39.00	MM17		86.				86.	12.		2.	14.
91	IMPROVEMENTS	06/22/15	SL	39.00	MM17		73.				73.	10.		2.	12.
92	IMPROVEMENTS	06/29/15	SL	39.00	MM17		49.				49.	7.		1.	8.
93	IMPROVEMENTS	06/29/15	SL	39.00	MM17		345.				345.	49.		9.	58.
94	IMPROVEMENTS	06/29/15	SL	39.00	MM17		369.				369.	52.		9.	61.
95	IMPROVEMENTS	06/29/15	SL	39.00	MM17		550.				550.	77.		14.	91.
* 990 PAGE 10 TOTAL -							909,706.				909,706.	133,358.		✓ 23,322.	156,680.
70	2015 LAND IMPROVEMENTS	12/30/15	150DB	15.00	HY17		58,020.				58,020.	19,087.		3,423.	22,510.
71	2017 LAND IMPROVEMENTS	07/01/17	150DB	15.00	HY17		29,500.				29,500.	7,225.		2,044.	9,269.
96	DECK	02/20/20	150DB	15.00	MC17		24,988.			24,988.				0.	
97	HEAT PUMP-2 TON	12/21/20	150DB	15.00	MC17		6,757.			6,757.				0.	
98	HEAT PUMP-4 TON	12/21/20	150DB	15.00	MC17		7,848.			7,848.				0.	
99	WATER FILTRATION	12/22/20	150DB	15.00	MC17		1,799.			1,799.				0.	
* 990 PAGE 10 TOTAL -							128,912.			41,392.	87,520.	26,312.		5,467.	31,779.

128111 04-01-21

(D) - Asset disposed

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



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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	LAND	12/31/14	L				158,800.				158,800.			0.	
	* 990 PAGE 10 TOTAL -						158,800.				158,800.	0.		0.	0.
69	BARN	06/30/17	150DB	20.00		HY17	36,000.				36,000.	6,724.		2,057.	8,781.
	* 990 PAGE 10 TOTAL -						36,000.				36,000.	6,724.		2,057.	8,781.
103	SMART BOARD	12/28/20	200DB	5.00		MC17	7,557.			7,557.				0.	
	* 990 PAGE 10 TOTAL -						7,557.			7,557.	0.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,115,050.			52,858.	2,062,192.	364,061.		66,215.	430,276.

128111 04-01-21

(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl.	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
104	PENFED HOUSE	0110120SL		39.00	17	293,341.			293,341.	14,730.		7,521.
105	MASSAGE ROOM BUILDING	0110120SL		39.00	17	3,250.			3,250.	163.		83.
106	IMPROVEMENTS	0110120SL		39.00	17	331,029.			331,029.	8,147.		8,488.
107	LAND IMPROVEMENTS - TREES, BUSHES & MU	0110120SL		39.00	17	1,456.			1,456.	133.		37.
	* 990 PAGE 10 TOTAL					629,076.		0.	629,076.	23,173.		16,129.
	PROGRAM SERVICES											
1	BILLARDS TABLE	0110114200DB		7.00	17	2,475.			2,475.	2,342.		110.
2	BR SET-BR2 MATCHING	0110114200DB		7.00	17	5,000.			5,000.	4,733.		223.
3	BR SET-BR3 MATCHING	0110114200DB		7.00	17	6,000.			6,000.	5,679.		268.
4	BUFFET/SIDE BOARD	0110114200DB		7.00	17	2,250.			2,250.	2,130.		100.
5	CHAIR-DROP LEAF TABLE	0110114200DB		7.00	17	1,125.			1,125.	1,064.		50.
6	CHAIR-LEATHER CLUB	0110114200DB		7.00	17	3,600.			3,600.	3,407.		161.
7	CHAIR-LEATHER CLUB	0110114200DB		7.00	17	5,400.			5,400.	5,111.		241.
8	CHAIR-LEATHER DINING	0110114200DB		7.00	17	21,000.			21,000.	19,875.		937.
9	CHAIR-LEATHER OFFICE	0110114200DB		7.00	17	1,800.			1,800.	1,704.		80.
10	CHAIR-UPHOLSTERED SIDE	0110114200DB		7.00	17	1,600.			1,600.	1,514.		71.
11	CHAIR-WINGBACK CHAIRS FOR DINING	0110114200DB		7.00	17	1,350.			1,350.	1,278.		60.
12	ROOM	0110114200DB		7.00	17	1,000.			1,000.	946.		45.

128102 04-01-21

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	COUCH	01/10/11	4200DB	7.00	17	1,500.			1,500.	1,420.		67.
14	COUCH-10FOOT LIGHT BLUE	01/10/11	4200DB	7.00	17	2,000.			2,000.	1,893.		89.
15	COUCH-CB LEATHER	01/10/11	4200DB	7.00	17	1,350.			1,350.	1,278.		60.
16	COUCH-CB LEATHER SECTION	01/10/11	4200DB	7.00	17	3,000.			3,000.	2,839.		134.
17	COUCH-DARK BLUE	01/10/11	4200DB	7.00	17	1,500.			1,500.	1,420.		67.
18	CREDENZA-BLACK	01/10/11	4200DB	7.00	17	2,200.			2,200.	2,082.		98.
19	CREDENZA-BLACK	01/10/11	4200DB	7.00	17	2,000.			2,000.	1,893.		89.
20	CREDENZA-MAHOGANY	01/10/11	4200DB	7.00	17	2,500.			2,500.	2,366.		112.
21	CREDENZA-OAK	01/10/11	4200DB	7.00	17	1,500.			1,500.	1,420.		67.
22	CREDENZA-1 IN GAME ROOM	01/10/11	4200DB	7.00	17	1,875.			1,875.	1,774.		84.
23	CREDENZA-2 IN GAME ROOM	01/10/11	4200DB	7.00	17	1,875.			1,875.	1,774.		84.
24	CREDENZA-3 IN DR	01/10/11	4200DB	7.00	17	2,250.			2,250.	2,130.		100.
25	HUTCH-CHINA	01/10/11	4200DB	7.00	17	2,625.			2,625.	2,484.		117.
26	LOVESEAT-CB LEATHER	01/10/11	4200DB	7.00	17	1,125.			1,125.	1,064.		50.
27	STOOLS-LEATHER BAR	01/10/11	4200DB	7.00	17	2,000.			2,000.	1,893.		89.
28	TABLE	01/10/11	4200DB	7.00	17	1,000.			1,000.	946.		45.
29	TABLE-DINING ROOM	01/10/11	4200DB	7.00	17	3,000.			3,000.	2,839.		134.
30	TABLE-DINING ROOM AND	10/01/11	4200DB	7.00	17	4,000.			4,000.	3,786.		178.

128102 04-01-21

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	TABLE-HOSPITALITY	0110114200	DB	7.00	17	1,000.			1,000.	946.		45.
	TABLE-LEATHER											
32	TOPPED	0110114200	DB	7.00	17	1,250.			1,250.	1,183.		56.
33	TABLE-ROUND CENTER	0110114200	DB	7.00	17	1,500.			1,500.	1,420.		67.
	TABLE-SOFA CONSOLE											
34	IN	0110114200	DB	7.00	17	1,000.			1,000.	946.		45.
35	TABLE-SQUARE WALNUT	0110114200	DB	7.00	17	1,000.			1,000.	946.		45.
	BEDROOM AND LIVING											
36	ROOM	0110115200	DB	7.00	17	15,000.			15,000.	12,052.		1,340.
	CUSTOM BANQUET &											
37	TABLES	0110115200	DB	7.00	17	26,523.			26,523.	21,311.		2,369.
	TABLE											
38	W/HUTCH-EDELMAN	0110115200	DB	7.00	17	12,200.			12,200.	9,802.		1,089.
39	CHAIR LIFT	0110116200	DB	7.00	17	9,949.			9,949.	6,573.		887.
40	GENTLY USED EX MARK	0110116200	DB	7.00	17	9,000.			9,000.	5,947.		803.
	WROGHT IRON PATIO											
41	FURNITURE	0110116200	DB	7.00	17	5,000.			5,000.	3,304.		446.
42	TRACK CHAIR	0110117200	DB	7.00	17	11,947.			11,947.	6,612.		1,067.
43	LAWN MOWER	041618200	DB	7.00	17	2,999.			2,999.	1,257.		375.
44	WASHER AND DRYER	080118200	DB	7.00	17	1,552.			1,552.	585.		194.
	SCAG TIGER CAT											
45	MOWER 61	120418200	DB	7.00	17	8,899.			8,899.	2,933.		1,111.
46	EZGO VALOR CART	120418200	DB	7.00	17	6,440.			6,440.	2,123.		804.
	SNOW WAY											
47	ARTICULATING	120418200	DB	7.00	17	4,500.			4,500.	1,483.		562.
	KIOTI MECHRON DIESEL											
48	UTV	120418200	DB	7.00	17	11,700.			11,700.	3,717.		1,461.

128102 04-01-21

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



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- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	FURNITURE FOR THE NEW HOUSE	1106182000	DB	7.00	17	1,000.			1,000.	318.		125.
50	FURNITURE FOR THE NEW HOUSE	1106182000	DB	7.00	17	7,145.			7,145.	2,271.		892.
51	SETS 2:ACCENT CHAIRS	1106182000	DB	7.00	17	2,000.			2,000.	636.		250.
52	SETS 2:ACCENT CHAIRS	1106182000	DB	7.00	17	1,339.			1,339.	425.		167.
53	TWO CHAIRS FOR DINING ROOM	1220182000	DB	7.00	17	240.			240.	76.		30.
54	HOME COMPLETED MARCH	1231182000	DB	7.00	17	1,287.			1,287.	409.		161.
55	POWER GENERATORS AND EQUIPMENT	0616182000	DB	7.00	17	3,860.			3,860.	1,226.		482.
56	WATER HEATERS	1121182000	DB	7.00	17	2,860.			2,860.	909.		357.
100	FURNITURE	0110120200	DB	7.00	17	942.		942.				0.
101	TABLES	0515202000	DB	7.00	17	561.		561.				0.
102	HEAVY DUTY WASHER AND DRYER	1207202000	DB	7.00	17	2,406.		2,406.				0.
	* 990 PAGE 10 TOTAL											
	-					874,075.		3,909.	870,166.	197,667.		35,369.
57	16013 WATERFALL ROAD BUILDING	123114SL	SL	39.00	17	698,670.			698,670.	107,487.		17,914.
58	HANDICAPPED ACCESS RAMP	123015SL	SL	39.00	17	7,800.			7,800.	1,000.		200.
59	HOUSE TRIMMING AND STUD	123015SL	SL	39.00	17	5,000.			5,000.	641.		128.
60	FANS, LIGHTS, LUMBER	123015SL	SL	39.00	17	10,300.			10,300.	1,320.		264.
61	3 FULL KITCHENS	123015SL	SL	39.00	17	100,000.			100,000.	12,820.		2,564.
62	BOOTHES IN BASEMENT	123015SL	SL	39.00	17	26,523.			26,523.	3,400.		680.

128102 04-01-21

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
63	GARAGE WHEELCHAIR LIFT	123015SL		39.00	17	15,000.			15,000.	1,923.		385.
64	MOVE EXPENSE TO BUILDING SECURITY	120516SL		39.00	17	1,846.			1,846.	193.		47.
65	SYSTEM LAND DESIGN	073117SL		39.00	17	5,000.			5,000.	438.		128.
66	CONSULTANTS	100117SL		39.00	17	26,266.			26,266.	2,188.		673.
72	DECK MATERIALS	101214SL		39.00	17	179.			179.	29.		5.
73	REIMBURSE FOR RENOVATION	101314SL		39.00	17	446.			446.	71.		11.
74	CONCRETE SLAB	102514SL		39.00	17	41.			41.	6.		1.
75	RENOVATION EXP	110114SL		39.00	17	129.			129.	20.		3.
76	LUMBER	111114SL		39.00	17	653.			653.	103.		17.
77	RENOVATION EXP LOWES AND HOME	111214SL		39.00	17	9.			9.	1.		0.
78	DEPOT LOWES AND HOME	123014SL		39.00	17	383.			383.	59.		10.
79	DEPOT GLASS TILE AND	123014SL		39.00	17	2,021.			2,021.	311.		52.
80	STAIN	032715SL		39.00	17	49.			49.	7.		1.
81	TILE LOWES-BADGER	033115SL		39.00	17	48.			48.	7.		1.
82	DISPOSAL LOWES-2 DELTA H2O	043015SL		39.00	17	425.			425.	62.		11.
83	KINE	043015SL		39.00	17	117.			117.	17.		3.
84	ROOF MOUNTED AWNING	053115SL		39.00	17	4,676.			4,676.	669.		120.
85	CLEANING PRODUCTS	060215SL		39.00	17	129.			129.	18.		3.

128102 04-01-21

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
86	IMPROVEMENTS	060215	SL	39.00	17	40.			40.	6.		1.
87	IMPROVEMENTS	060515	SL	39.00	17	877.			877.	125.		22.
88	CHAIR LIFTS	060815	SL	39.00	17	1,490.			1,490.	213.		38.
89	IMPROVEMENTS	060815	SL	39.00	17	117.			117.	17.		3.
90	IMPROVEMENTS	061115	SL	39.00	17	86.			86.	12.		2.
91	IMPROVEMENTS	062215	SL	39.00	17	73.			73.	10.		2.
92	IMPROVEMENTS	062915	SL	39.00	17	49.			49.	7.		1.
93	IMPROVEMENTS	062915	SL	39.00	17	345.			345.	49.		9.
94	IMPROVEMENTS	062915	SL	39.00	17	369.			369.	52.		9.
95	IMPROVEMENTS	062915	SL	39.00	17	550.			550.	77.		14.
	* 990 PAGE 10 TOTAL											
-						909,706.		0.	909,706.	133,358.		23,322.
	2015 LAND											
70	IMPROVEMENTS	123015	150DB	15.00	17	58,020.			58,020.	19,087.		3,423.
	2017 LAND											
71	IMPROVEMENTS	070117	150DB	15.00	17	29,500.			29,500.	7,225.		2,044.
96	DECK	022020	150DB	15.00	17	24,988.		24,988.				0.
97	HEAT PUMP-2 TON	122120	150DB	15.00	17	6,757.		6,757.				0.
98	HEAT PUMP-4 TON	122120	150DB	15.00	17	7,848.		7,848.				0.
99	WATER FILTRATION	122220	150DB	15.00	17	1,799.		1,799.				0.
	* 990 PAGE 10 TOTAL											
-						128,912.		41,392.	87,520.	26,312.		5,467.

128102 04-01-21

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	LAND	12/31/14	L			158,800.			158,800.			0.
	* 990 PAGE 10 TOTAL					158,800.		0.	158,800.	0.		0.
69	BARN	06/30/17	150DB	20.00	17	36,000.			36,000.	6,724.		2,057.
	* 990 PAGE 10 TOTAL					36,000.		0.	36,000.	6,724.		2,057.
103	SMART BOARD	12/28/20	200DB	5.00	17	7,557.		7,557.				0.
	* 990 PAGE 10 TOTAL					7,557.		7,557.	0.	0.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					2,115,050.		52,858.	2,062,192.	364,061.		66,215.



2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PROGRAM SERVICES								
104	PENFED HOUSE	01/10/20	SL	39.00	293,341.		293,341.	22,251.	7,521.
105	MASSAGE ROOM	01/10/20	SL	39.00	3,250.		3,250.	246.	83.
106	BUILDING IMPROVEMENTS	01/10/20	SL	39.00	331,029.		331,029.	16,635.	8,488.
107	LAND IMPROVEMENTS - TREES, BUSHES & MULCH	01/10/20	SL	39.00	1,456.		1,456.	170.	37.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES				629,076.		629,076.	39,302.	16,129.
108	BILLARDS TABLE	01/10/14	200DB	7.00	2,475.		2,475.	2,452.	0.
20R	SET-BR2 MATCHING	01/10/14	200DB	7.00	5,000.		5,000.	4,956.	0.
30R	SET-BR3 MATCHING	01/10/14	200DB	7.00	6,000.		6,000.	5,947.	0.
40R	BUFFET/SIDE BOARD	01/10/14	200DB	7.00	2,250.		2,250.	2,230.	0.
50R	CHAIR-DROP LEAF TABLE	01/10/14	200DB	7.00	1,125.		1,125.	1,114.	0.
60R	CHAIR-LEATHER CLUB	01/10/14	200DB	7.00	3,600.		3,600.	3,568.	0.
70R	CHAIR-LEATHER CLUB	01/10/14	200DB	7.00	5,400.		5,400.	5,352.	0.
80R	CHAIR-LEATHER DINING	01/10/14	200DB	7.00	21,000.		21,000.	20,812.	0.
90R	CHAIR-LEATHER OFFICE	01/10/14	200DB	7.00	1,800.		1,800.	1,784.	0.
100R	CHAIR-UPHOLSTERED SIDE	01/10/14	200DB	7.00	1,600.		1,600.	1,585.	0.
110R	CHAIR-WINGBACK	01/10/14	200DB	7.00	1,350.		1,350.	1,338.	0.
120R	CHAIRS FOR DINING ROOM	01/10/14	200DB	7.00	1,000.		1,000.	991.	0.
130R	COUCH	01/10/14	200DB	7.00	1,500.		1,500.	1,487.	0.
140R	COUCH-10FOOT LIGHT BLUE	01/10/14	200DB	7.00	2,000.		2,000.	1,982.	0.
150R	COUCH-CB LEATHER	01/10/14	200DB	7.00	1,350.		1,350.	1,338.	0.
160R	COUCH-CB LEATHER SECTION	01/10/14	200DB	7.00	3,000.		3,000.	2,973.	0.
170R	COUCH-DARK BLUE	01/10/14	200DB	7.00	1,500.		1,500.	1,487.	0.
180R	CREDENZA-BLACK	01/10/14	200DB	7.00	2,200.		2,200.	2,180.	0.
190R	CREDENZA-BLACK	01/10/14	200DB	7.00	2,000.		2,000.	1,982.	0.
200R	CREDENZA-MAHOGANY	01/10/14	200DB	7.00	2,500.		2,500.	2,478.	0.
210R	CREDENZA-OAK	01/10/14	200DB	7.00	1,500.		1,500.	1,487.	0.
220R	CREDENZA-1 IN GAME ROOM	01/10/14	200DB	7.00	1,875.		1,875.	1,858.	0.
230R	CREDENZA-2 IN GAME ROOM	01/10/14	200DB	7.00	1,875.		1,875.	1,858.	0.
240R	CREDENZA-3 IN DR	01/10/14	200DB	7.00	2,250.		2,250.	2,230.	0.
250R	BUTCH-CHINA	01/10/14	200DB	7.00	2,625.		2,625.	2,601.	0.
260R	LOVESEAT-CB LEATHER	01/10/14	200DB	7.00	1,125.		1,125.	1,114.	0.
270R	STOOLS-LEATHER BAR	01/10/14	200DB	7.00	2,000.		2,000.	1,982.	0.
280R	TABLE	01/10/14	200DB	7.00	1,000.		1,000.	991.	0.

(D) - Asset disposed

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



2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
29	TABLE-DINING ROOM	01/10/14	200DB	7.00	3,000.		3,000.	2,973.	0.
30	TABLE-DINING ROOM AND	10/01/14	200DB	7.00	4,000.		4,000.	3,964.	0.
31	TABLE-HOSPITALITY	01/10/14	200DB	7.00	1,000.		1,000.	991.	0.
32	TABLE-LEATHER TOPPED	01/10/14	200DB	7.00	1,250.		1,250.	1,239.	0.
33	TABLE-ROUND CENTER	01/10/14	200DB	7.00	1,500.		1,500.	1,487.	0.
34	TABLE-SOFA CONSOLE IN	01/10/14	200DB	7.00	1,000.		1,000.	991.	0.
35	TABLE-SQUARE WALNUT	01/10/14	200DB	7.00	1,000.		1,000.	991.	0.
36	BEDROOM AND LIVING ROOM	01/10/15	200DB	7.00	15,000.		15,000.	13,392.	669.
37	CUSTOM BANQUET & TABLES	01/10/15	200DB	7.00	26,523.		26,523.	23,680.	1,183.
38	TABLE W/HUTCH-EDELMAN	01/10/15	200DB	7.00	12,200.		12,200.	10,891.	544.
39	CHAIR LIFT	01/10/16	200DB	7.00	9,949.		9,949.	7,460.	888.
40	GENTLY USED EX MARK	01/10/16	200DB	7.00	9,000.		9,000.	6,750.	804.
41	WROGHT IRON PATIO FURNITURE	01/10/16	200DB	7.00	5,000.		5,000.	3,750.	447.
42	TRACK CHAIR	01/10/17	200DB	7.00	11,947.		11,947.	7,679.	1,066.
43	LAWN MOWER	04/16/18	200DB	7.00	2,999.		2,999.	1,632.	268.
44	WASHER AND DRYER	08/01/18	200DB	7.00	1,552.		1,552.	779.	139.
45	CAG TIGER CAT MOWER 61	12/04/18	200DB	7.00	8,899.		8,899.	4,044.	795.
46	ZGO VALOR CART	12/04/18	200DB	7.00	6,440.		6,440.	2,927.	575.
47	SNOW WAY ARTICULATING	12/04/18	200DB	7.00	4,500.		4,500.	2,045.	402.
48	KIOTI MECHRON DIESEL UTV	12/04/18	200DB	7.00	11,700.		11,700.	5,178.	1,045.
49	FURNITURE FOR THE NEW HOUSE	11/06/18	200DB	7.00	1,000.		1,000.	443.	89.
50	FURNITURE FOR THE NEW HOUSE	11/06/18	200DB	7.00	7,145.		7,145.	3,163.	638.
51	SETS 2:ACCENT CHAIRS	11/06/18	200DB	7.00	2,000.		2,000.	886.	179.
52	SETS 2:ACCENT CHAIRS	11/06/18	200DB	7.00	1,339.		1,339.	592.	120.
53	TWO CHAIRS FOR DINING ROOM	12/20/18	200DB	7.00	240.		240.	106.	21.
54	HOME COMPLETED MARCH	12/31/18	200DB	7.00	1,287.		1,287.	570.	115.
55	POWER GENERATORS AND EQUIPMENT	06/16/18	200DB	7.00	3,860.		3,860.	1,708.	345.
56	WATER HEATERS	11/21/18	200DB	7.00	2,860.		2,860.	1,266.	255.
100	FURNITURE	01/10/20	200DB	7.00	942.	942.			0.
101	PABLES	05/15/20	200DB	7.00	561.	561.			0.
102	HEAVY DUTY WASHER AND DRYER	12/07/20	200DB	7.00	2,406.	2,406.			0.
* 990 PAGE 10 TOTAL -									
57	6013 WATERFALL ROAD BUILDING	12/31/14	SL	39.00	874,075.	3,909.	870,166.	233,036.	26,716.
58	HANDICAPPED ACCESS RAMP	12/30/15	SL	39.00	698,670.		698,670.	125,401.	17,914.
					7,800.		7,800.	1,200.	200.

(D) - Asset disposed

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



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- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
59	HOUSE TRIMMING AND STUD	123015SL		39.00	5,000.		5,000.	769.	128.
60	FANS, LIGHTS, LUMBER	123015SL		39.00	10,300.		10,300.	1,584.	264.
61	3 FULL KITCHENS	123015SL		39.00	100,000.		100,000.	15,384.	2,564.
62	BOOTHES IN BASEMENT	123015SL		39.00	26,523.		26,523.	4,080.	680.
63	GARAGE WHEELCHAIR LIFT	123015SL		39.00	15,000.		15,000.	2,308.	385.
64	MOVE EXPENSE TO BUILDING	120516SL		39.00	1,846.		1,846.	240.	47.
65	BUILDING SECURITY SYSTEM	073117SL		39.00	5,000.		5,000.	566.	128.
66	LAND DESIGN CONSULTANTS	100117SL		39.00	26,266.		26,266.	2,861.	673.
72	DECK MATERIALS	101214SL		39.00	179.		179.	34.	5.
73	REIMBURSE FOR RENOVATION	101314SL		39.00	446.		446.	82.	11.
74	CONCRETE SLAB	102514SL		39.00	41.		41.	7.	1.
75	RENOVATION EXP	110114SL		39.00	129.		129.	23.	3.
76	LUMBER	111114SL		39.00	653.		653.	120.	17.
77	RENOVATION EXP	111214SL		39.00	9.		9.	1.	0.
78	LOWES AND HOME DEPOT	123014SL		39.00	383.		383.	69.	10.
79	LOWES AND HOME DEPOT	123014SL		39.00	2,021.		2,021.	363.	52.
80	GLASS TILE AND STAIN	032715SL		39.00	49.		49.	8.	1.
81	FILE	033115SL		39.00	48.		48.	8.	1.
82	LOWES-BADGER DISPOSAL	043015SL		39.00	425.		425.	73.	11.
83	LOWES-2 DELTA H2O KINE	043015SL		39.00	117.		117.	20.	3.
84	ROOF MOUNTED AWNING	053115SL		39.00	4,676.		4,676.	789.	120.
85	CLEANING PRODUCTS	060215SL		39.00	129.		129.	21.	3.
86	IMPROVEMENTS	060215SL		39.00	40.		40.	7.	1.
87	IMPROVEMENTS	060515SL		39.00	877.		877.	147.	22.
88	CHAIR LIFTS	060815SL		39.00	1,490.		1,490.	251.	38.
89	IMPROVEMENTS	060815SL		39.00	117.		117.	20.	3.
90	IMPROVEMENTS	061115SL		39.00	86.		86.	14.	2.
91	IMPROVEMENTS	062215SL		39.00	73.		73.	12.	2.
92	IMPROVEMENTS	062915SL		39.00	49.		49.	8.	1.
93	IMPROVEMENTS	062915SL		39.00	345.		345.	58.	9.
94	IMPROVEMENTS	062915SL		39.00	369.		369.	61.	9.
95	IMPROVEMENTS	062915SL		39.00	550.		550.	91.	14.
* 990 PAGE 10 TOTAL -					909,706.		909,706.	156,680.	23,322.
70	2015 LAND IMPROVEMENTS	123015SL	150DB	15.00	58,020.		58,020.	22,510.	3,423.

(D) - Asset disposed

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

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SERVE OUR WILLING WARRIORS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
712017	LAND IMPROVEMENTS	07/01/17	150DB	15.00	29,500.		29,500.	9,269.	1,838.
90DECK		02/20/20	150DB	15.00	24,988.	24,988.			0.
97HEAT PUMP-2 TON		12/21/20	150DB	15.00	6,757.	6,757.			0.
98HEAT PUMP-4 TON		12/21/20	150DB	15.00	7,848.	7,848.			0.
99WATER FILTRATION		12/22/20	150DB	15.00	1,799.	1,799.			0.
* 990 PAGE 10 TOTAL -					128,912.	41,392.	87,520.	31,779.	5,261.
68LAND		12/31/14			158,800.		158,800.		0.
* 990 PAGE 10 TOTAL -					158,800.		158,800.	0.	0.
69EARN		06/30/17	150DB	20.00	36,000.		36,000.	8,781.	1,903.
* 990 PAGE 10 TOTAL -					36,000.		36,000.	8,781.	1,903.
103SMART BOARD		12/28/20	200DB	5.00	7,557.	7,557.			0.
* GRAND TOTAL 990 PAGE 10 DEPR					2,115,050.	52,858.	2,062,192.	430,276.	57,202.