

**Forms 990 / 990-EZ Return Summary**

For calendar year 2017, or tax year beginning

, and ending

**\*\* - \*\*\*3036****SERVE OUR WILLING WARRIORS****Net Asset / Fund Balance at Beginning of Year** **519,748****Revenue**Contributions **780,921**

Program service revenue

Investment income **1,647**

Capital gain / loss

Fundraising / Gaming:

Gross revenue **242,130**Direct expenses **175,356**Net income **66,774**Other income **0****Total revenue****849,342****Expenses**Program services **477,391**Management and general **65,186**Fundraising **12,334****Total expenses****554,911****Excess / (deficit)****294,431**

Changes

**-1,036****Net Asset / Fund Balance at End of Year****813,143****Reconciliation of Revenue**

Total revenue per financial statements \_\_\_\_\_

Less:

Unrealized gains \_\_\_\_\_

Donated services \_\_\_\_\_

Recoveries \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total revenue per return** **849,342****Reconciliation of Expenses**

Total expenses per financial statements \_\_\_\_\_

Less:

Donated services \_\_\_\_\_

Prior year adjustments \_\_\_\_\_

Losses \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total expenses per return** **554,911****Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u><b>1,363,408</b></u>	<u><b>1,635,557</b></u>	
Liabilities	<u><b>843,660</b></u>	<u><b>822,414</b></u>	
Net assets	<u><u><b>519,748</b></u></u>	<u><u><b>813,143</b></u></u>	<u><u><b>293,395</b></u></u>

**Miscellaneous Information**

Amended return

Return / extended due date **05/15/18**

Failure to file penalty \_\_\_\_\_

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

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning ....., 2017, and ending ....., 20 .....

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2017**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**SERVE OUR WILLING WARRIORS**

Employer identification number

**\*\* - \*\*\*3036**

Name and title of officer

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>849,342</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

☒ I authorize **EUBANKS & COMPANY DBA CPA DEPARTMEN** to enter my PIN **12345** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **11/15/18****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.

**\*\*\*\*\***

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **JENNIFER EUBANKS, CPA**Date ▶ **11/15/18****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

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

**2017****Open to Public Inspection****A For the 2017 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**SERVE OUR WILLING WARRIORS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**5501 MERCHANT VIEW SQUARE SUITE 263**

Room/suite

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

**HAYMARKET****VA 20169****D** Employer identification number**\*\*-\*\*\*3036****E** Telephone number**703-785-8980****G** Gross receipts\$**1,024,698****F** Name and address of principal officer:**SHIRLEY DOMINICK****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status:☒ 501(c)(3)☐ 501(c) ( )

(insert no.)

☐ 4947(a)(1) or☐ 527**J** Website: **WWW.WILLINGWARRIORS.ORG****K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation: **2012****M** State of legal domicile:**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO PROVIDE OUR COUNTRY'S RECOVERING WOUNDED, ILL AND INJURED WARRIORS, AN THEIR FAMILIES, WITH ENCOURAGEMENT, SUPPORT, AND RESPITE STAYS AT THE BULL WARRIOR RETREAT.</b>							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		3	7				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	5				
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	7				
6 Total number of volunteers (estimate if necessary)		6	150				
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0				
7b Net unrelated business taxable income from Form 990-T, line 34		7b	0				
		Prior Year		Current Year			
8 Contributions and grants (Part VIII, line 1h)		253,150		780,921			
9 Program service revenue (Part VIII, line 2g)				0			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		348		1,647			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		158,689		66,774			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		412,187		849,342			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0			
14 Benefits paid to or for members (Part IX, column (A), line 4)				0			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		127,244		211,862			
16a Professional fundraising fees (Part IX, column (A), line 11e)				0			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>12,334</b>							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		247,366		343,049			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		374,610		554,911			
19 Revenue less expenses. Subtract line 18 from line 12		37,577		294,431			
		Beginning of Current Year		End of Year			
20 Total assets (Part X, line 16)		1,363,408		1,635,557			
21 Total liabilities (Part X, line 26)		843,660		822,414			
22 Net assets or fund balances. Subtract line 21 from line 20		519,748		813,143			

**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

**MICHELLE BUCKLES****TREASURER**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

**JENNIFER EUBANKS, CPA**

Preparer's signature

**JENNIFER EUBANKS, CPA**

Date

**11/15/18**Check ☐ if

PTIN

self-employed

**\*\*\*\*\***

Firm's name ▶

**EUBANKS & COMPANY DBA CPA DEPARTMENT**

Firm's EIN ▶

**\*\*-\*\*\*4616**

Firm's address ▶

**950 HERNDON PKWY STE 285**

Phone no.

**703-729-2882**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.  
DAAForm **990** (2017)

**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, AN THEIR FAMILIES, WITH ENCOURAGEMENT, SUPPORT, AND RESPITE STAYS AT THE BULL 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 \$ **433,468** including grants of \$ ) (Revenue \$ )

**THE PRIMARY MISSION OF SERVE OUR WILLING WARRIORS IS TO PROVIDE A HOME-AWAY-FROM-HOME RESPITE FOR RECOVERING SERVICE MEMBERS AND THEIR FAMILIES. THE WARRIOR RETREAT AT BULL RUN IS AN 11,000 SQUARE FOOT FACILITY LOCATED ON 37 ACRES IN THE HISTORIC AND PICTURESQUE VIRGINIA COUNTRYSIDE WHERE DURING 2017 WE SERVED OVER 100 WARRIORS AND THEIR FAMILIES WITH RETREAT STAYS, EDUCATIONAL AND THERAPUETIC ACTIVITIES AND LINKED THEM WITH A NETWORK OF ORGANIZATIONS AND INDIVIDUALS WHO CAN ADVISE, SUPPORT AND GUIDE THEIR TRANSITION BACK TO CIVILIAN LIFE.**

4b (Code: ) (Expenses \$ **36,000** including grants of \$ ) (Revenue \$ )

**SERVE OUR WILLING WARRIORS HAS SOUGHT TO EXPAND IT'S SERVICES BY CONSTUCTING AN ADDITIONAL FACILTIIY THAT WOULD INCREASE THE CAPACITY AND ENABLE THEM TO SERVE MORE THAN 500 WOUNDED WARRIORS AND THEIR GUEST PER YEAR. THE ORGANIZATION WAS ABLE TO SECURE A PLEDGE OF \$300,000 FROM THE PENFED FOUNDATION, THE CHARITABLE ARM OF PENFED CREDIT UNION AND BROKE GROUND ON THE PENFED FOUNDATION HOUSE IN LATE 2017.**

4c (Code: ) (Expenses \$ **7,923** including grants of \$ ) (Revenue \$ )

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

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

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

4e Total program service expenses ► **477,391**

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<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		<b>X</b>
<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		<b>X</b>
<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		<b>X</b>
<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		<b>X</b>
<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		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<b>X</b>	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<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		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<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		<b>X</b>
<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		<b>X</b>
<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		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<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		<b>X</b>
<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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7
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	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	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	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

**Section A. Governing Body and Management**

	1a	7	1b	5	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		7				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent			1b	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?					2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
<b>6</b> Did the organization have members or stockholders?					6	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?					7a	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?					7b	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?					8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?					8b	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 in Schedule O					9	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?		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?		X
<b>b</b> Describe in 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		X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy?		X
<b>14</b> Did the organization have a written document retention and destruction policy?		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	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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?	16a	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?	16b	

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**THE ORGANIZATION**  
**HAYMARKET**

**5501 MERCHANT VIEW SQ #263**

**VA 20169**

**855-717-5863**



Form 990 (2017) **SERVE OUR WILLING WARRIORS****\*\* - \*\*\*3036**Page **7****Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY KENDALL	SAPP									
EXECUTIVE DIRECTOR	45.00 0.00	X		X				75,314	0	0
(2) SHIRLEY DOMINICK										
PRESIDENT/FOUNDER	40.00 0.00	X		X				0	0	0
(3) MICHELLE BUCKLES										
TREASURER	30.00 0.00	X		X				0	0	0
(4) JOHN DOMINICK										
VICE PRESIDENT/CO-FO	40.00 0.00	X		X				0	0	0
(5) PETER BAKER										
OFFICER	10.00 0.00	X						0	0	0
(6) LARRY ZILLIOX										
OFFICER	40.00 0.00	X						0	0	0
(7) MARK SHAABER										
SECRETARY	30.00 0.00	X						0	0	0
(8) RICHARD BROOKS										
OFFICE	10.00 0.00	X						0	0	0
(9) GEORGE MCLAMB										
OFFICER	5.00 0.00	X						0	0	0
(10)										
(11)										

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

[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

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

## Section B. Independent Contractors

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 6,429				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 774,492				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	212,935				
	<b>h Total.</b> Add lines 1a-1f		780,921			
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,647		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross rents		(i) Real (ii) Personal				
<b>b</b> Less: rental exps.						
<b>c</b> Rental inc. or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis & sales exps.						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b> 242,130				
<b>b</b> Less: direct expenses		<b>b</b> 175,356				
<b>c</b> Net income or (loss) from fundraising events			66,774			52,636
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>				
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			849,342	0	0	54,283

Form 990 (2017) **SERVE OUR WILLING WARRIORS**

\*\*-\*\*\*3036

Page **10****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	195,132	152,055	43,077	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,730	9,821	6,909	
11 Fees for services (non-employees):				
a Management				
b Legal	1,476		1,476	
c Accounting	2,984	605	2,379	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	8,414			8,414
13 Office expenses	19,398	16,911	32	2,455
14 Information technology	9,005	9,005		
15 Royalties				
16 Occupancy	20,878	20,878		
17 Travel	478	45	433	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	32,390	32,390		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,688	58,688		
23 Insurance	11,745	9,451	2,294	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FEES FOR SERVICE</b>	98,030	92,337	4,693	1,000
b <b>MATERIAL AND SUPPLIES</b>	43,760	43,746		14
c <b>OTHER EXPENSES</b>	24,512	20,227	3,834	451
d <b>TAXES AND LICENSES</b>	11,257	11,232	25	
e All other expenses	34		34	
25 Total functional expenses. Add lines 1 through 24e	554,911	477,391	65,186	12,334
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	99,850	1	188,207
	2 Savings and temporary cash investments	155,176	2	147,151
	3 Pledges and grants receivable, net		3	223,967
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	7,281
	9 Prepaid expenses and deferred charges	2,108	9	1,364
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,257,663		
	b Less: accumulated depreciation	10b 190,076		
		1,106,274	10c	1,067,587
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,363,408	16	1,635,557	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	10,426	17	12,909
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	190,386	22	180,754
	23 Secured mortgages and notes payable to unrelated third parties	642,848	23	628,751
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	843,660	26	822,414
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		506,884	27	800,279
28 Temporarily restricted net assets		12,864	28	12,864
29 Permanently restricted net assets			29	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		519,748	33	813,143
34 <b>Total liabilities and net assets/fund balances</b>		1,363,408	34	1,635,557

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>849,342</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>554,911</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>294,431</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>519,748</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-1,036</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>813,143</b>

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>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		<b>X</b>
<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 in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>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 in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

**SERVE OUR WILLING WARRIORS**

Employer identification number

**\*\* - \*\*\*3036****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,564	240,043	447,119	269,011	780,921	1,841,658
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	104,564	240,043	447,119	269,011	780,921	1,841,658
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.						1,841,658

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	104,564	240,043	447,119	269,011	780,921	1,841,658
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					1,647	1,647
9 Net income from unrelated business activities, whether or not the business is regularly carried on					51,636	51,636
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						1,894,941
12 Gross receipts from related activities, etc. (see instructions)					12	53,158
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.19 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2017.</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 ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2016.</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 ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</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 ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2016.</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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b> <b>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</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a** **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

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

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990 or 990-EZ) 2017

**SERVE OUR WILLING WARRIORS****\*\* - \*\*\*3036**Page **6****Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations****1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See**instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

**SERVE OUR WILLING WARRIORS****\*\* - \*\*\*3036**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2017 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017:			
<b>a</b>				
<b>b</b>	From 2013			
<b>c</b>	From 2014			
<b>d</b>	From 2015			
<b>e</b>	From 2016			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013			
<b>b</b>	Excess from 2014			
<b>c</b>	Excess from 2015			
<b>d</b>	Excess from 2016			
<b>e</b>	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

**SUPPLEMENTAL INFORMATION**

PT II LN 10 OTHER INCOME PART II, LINE 10 DESCRIPTION: MISCELLANEOUS 2013:0.

2014:4,400. 2015:5,726. 2016:3,762, 2017:0

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

OMB No. 1545-0047

**2017**

Name of the organization

Employer identification number

**SERVE OUR WILLING WARRIORS****\*\*-\*\*\*3036**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Page 2

Name of organization

SERVE OUR WILLING WARRIORS

Employer identification number

\*\*-\*\*\*3036

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[REDACTED]	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED]	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED]	\$ 35,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED] 23434	\$ 20,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Page 3

Name of organization  
**SERVE OUR WILLING WARRIORS**

Employer identification number  
**\*\* - \*\*\*3036**

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SOTRAGE BARN MATERIAL	\$ 35,000	04/17/17
4	TRACK CHAIR	\$ 20,000	06/17/17
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

**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

**2017**Open to Public  
Inspection

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**SERVE OUR WILLING WARRIORS****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 (e.g., 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? .....

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 ☐ Yes ☐ No

**Part V Endowment Funds.**

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....  
 (ii) related organizations .....

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

	Yes	No
3a(i)		
3a(ii)		
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		841,605	69,618	771,987
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>930,787</b>

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐



## Part XIII Supplemental Information (continued)

**SCHEDULE G  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

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Name of the organization

**SERVE OUR WILLING WARRIORS**

Employer identification number

**\*\* - \*\*\*3036****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>MONTE CARLO</u> (event type)	<u>7</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts .....	53,158	58,141	130,831	242,130
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2) .....	53,158	58,141	130,831	242,130
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	39,020	42,675	93,661	175,356
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				175,356
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				66,774

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

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

9 Enter the state(s) in which the organization conducts gaming activities: .....

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: .....

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

b If "Yes," explain: .....



Schedule G (Form 990 or 990-EZ) 2017

**SERVE OUR WILLING WARRIORS****\*\* - \*\*\*3036**Page **3****11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

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

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

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

▶ Attach to Form 990 or Form 990-EZ.

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

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SERVE OUR WILLING WARRIORS

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SHIRLEY DOMINICK	PRESIDENT		X		200,000	180,754		X	X		X	
(1) OPERATING FUNDS												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						▶ \$ 180,754						

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
 ► Attach to Form 990.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open To Public  
Inspection**

Employer identification number

**\*\*-\*\*\*3036****SERVE OUR WILLING WARRIORS****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( FURN/IMPROV/EQU )	X	65	212,935	
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

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**SERVE OUR WILLING WARRIORS****FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS****SHIRLEY M. DOMINICK****JOHN M. DOMINICK****PRESIDENT****V. PRESIDENT****MARRIED****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

A DRAFT OF THE FEDERAL 990 IS REVIEWED BY THE BOARD. UPON APPROVAL BY THE BOARD, THE FEDERAL 990 IS SIGNED, DATED AND FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

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

THE ORGANIZATION'S PRESIDENT SERVES AS AN UNPAID VOLUNTEER.

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

IN 2017, EXCEPT AS DISCLOSED IN PART VII, NO OFFICERS OR DIRECTORS WERE COMPENSATED BY THE ORGANIZATION.

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2017)

Page **2**

Name of the organization

Employer identification number

**SERVE OUR WILLING WARRIORS****\*\* - \*\*\*3036****FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION****BOOK / TAX DEPRECIATION DIFFERENCE** \$ **1****PRIOR PERIOD ADJUSTMENTS** \$ **-1,037****TOTAL** \$ **-1,036****PAGE 1 OF 1**

Schedule O (Form 990 or 990-EZ) (2017)

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

**2017**Attachment  
Sequence No. **179**

Name(s) shown on return

**SERVE OUR WILLING WARRIORS**

Identifying number

**\*\* - \*\*\*3036**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	58,688

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

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	58,688
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**



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## Federal Asset Report

FYE: 12/31/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<b>Other Depreciation:</b>												
1	Laptop	4/23/13	567				567	5	MO	200DB	469	74
2	Furniture In-Kind 2014	7/01/14	65,000				65,000	7	MO	200DB	36,574	8,122
3	Building Improvements 2014	7/01/14	3,860				3,860	39	MO	S/L	243	99
4	Building Improvements In-Kind 2014	7/01/14	146,816				146,816	39	MO	S/L	9,255	3,765
5	Warrior Retreat	7/02/14	498,670				498,670	39	MO	S/L	31,432	12,786
6	Land - Warrior Retreat	7/02/14	158,800				158,800	0	--	Land	0	0
7	Furniture	7/23/14	8,078				8,078	7	MO	200DB	4,545	1,009
8	Building Improvements	6/29/15	9,436				9,436	39	MO	S/L	373	242
9	Granite Counter Tops	6/30/15	10,080				10,080	7	MO	200DB	3,909	1,763
10	Kitchens 2015	6/30/15	100,000				100,000	39	MO	S/L	3,953	2,564
11	Appliances 2015	6/30/15	37,122				37,122	7	MO	200DB	14,394	6,494
12	Basement Booths	6/30/15	26,523				26,523	39	MO	S/L	1,048	680
13	Entrance and Patio	6/30/15	28,500				28,500	15	MO	150DB	4,133	2,437
14	Flagpole	6/30/15	7,500				7,500	15	MO	150DB	1,088	641
15	Furniture 2015	6/30/15	7,500				7,500	7	MO	200DB	2,908	1,312
16	Garage Wheelchair Lift	6/30/15	15,000				15,000	39	MO	S/L	593	385
17	Caretaker Apt Furniture	6/30/15	15,000				15,000	7	MO	200DB	5,816	2,624
18	Fan, Lights and Lumber	6/30/15	10,300				10,300	39	MO	S/L	407	264
19	Bedroom Furnishing	6/30/15	6,000				6,000	7	MO	200DB	2,326	1,050
20	Handicapped Access Ramp	6/30/15	7,800				7,800	39	MO	S/L	308	200
21	House Trim and Studs	6/30/15	5,000				5,000	39	MO	S/L	197	128
22	Basketball Court	10/09/15	22,020				22,020	15	MO	150DB	3,193	1,883
23	Flooring 2016	1/18/16	1,200				1,200	39	MO	S/L	29	31
24	3 Water Heaters - 2016	1/18/16	3,252				3,252	7	MO	200DB	465	796
25	Game System 2016	2/23/16	2,000				2,000	5	MO	200DB	400	640
26	Lights, Shelves, etc 2016	4/01/16	1,500				1,500	7	MO	200DB	214	367
27	Ex Mark Lawn Mower 2016	4/27/16	9,000				9,000	7	MO	200DB	1,286	2,204
28	2016 Solar Panels	7/01/16	17,000				17,000	39	MO	S/L	200	436
29	Driveway 2016	8/04/16	4,190				4,190	15	MO	150DB	210	398
30	2016 Chairlift	9/26/16	9,949				9,949	7	MO	200DB	1,421	2,437
31	2017 Track Chair	6/17/17	20,000				20,000	7	MO	200DB	0	2,857
<b>Total Other Depreciation</b>			<u>1,257,663</u>				<u>1,257,663</u>				<u>131,389</u>	<u>58,688</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,257,663</u>				<u>1,257,663</u>				<u>131,389</u>	<u>58,688</u>
<b>Grand Totals</b>			1,257,663				1,257,663				131,389	58,688
<b>Less: Dispositions and Transfers</b>			0				0				0	0
<b>Less: Start-up/Org Expense</b>			0				0				0	0
<b>Net Grand Totals</b>			<u>1,257,663</u>				<u>1,257,663</u>				<u>131,389</u>	<u>58,688</u>

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## VA Asset Report

FYE: 12/31/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
<b>Other Depreciation:</b>								
1	Laptop	4/23/13	567	567	469	74	74	0
2	Furniture In-Kind 2014	7/01/14	65,000	65,000	36,574	8,122	8,122	0
3	Building Improvements 2014	7/01/14	3,860	3,860	243	99	99	0
4	Building Improvements In-Kind 2014	7/01/14	146,816	146,816	9,255	3,765	3,765	0
5	Warrior Retreat	7/02/14	498,670	498,670	31,432	12,786	12,786	0
6	Land - Warrior Retreat	7/02/14	158,800	158,800	0	0	0	0
7	Furniture	7/23/14	8,078	8,078	4,545	1,009	1,009	0
8	Building Improvements	6/29/15	9,436	9,436	373	242	242	0
9	Granite Counter Tops	6/30/15	10,080	10,080	3,909	1,763	1,763	0
10	Kitchens 2015	6/30/15	100,000	100,000	3,953	2,564	2,564	0
11	Appliances 2015	6/30/15	37,122	37,122	14,394	6,494	6,494	0
12	Basement Booths	6/30/15	26,523	26,523	1,048	680	680	0
13	Entrance and Patio	6/30/15	28,500	28,500	4,133	2,437	2,437	0
14	Flagpole	6/30/15	7,500	7,500	1,088	641	641	0
15	Furniture 2015	6/30/15	7,500	7,500	2,908	1,312	1,312	0
16	Garage Wheelchair Lift	6/30/15	15,000	15,000	593	385	385	0
17	Caretaker Apt Furniture	6/30/15	15,000	15,000	5,816	2,624	2,624	0
18	Fan, Lights and Lumber	6/30/15	10,300	10,300	407	264	264	0
19	Bedroom Furnishing	6/30/15	6,000	6,000	2,326	1,050	1,050	0
20	Handicapped Access Ramp	6/30/15	7,800	7,800	308	200	200	0
21	House Trim and Studs	6/30/15	5,000	5,000	197	128	128	0
22	Basketball Court	10/09/15	22,020	22,020	3,193	1,883	1,883	0
23	Flooring 2016	1/18/16	1,200	1,200	29	31	31	0
24	3 Water Heaters - 2016	1/18/16	3,252	3,252	465	796	796	0
25	Game System 2016	2/23/16	2,000	2,000	400	640	640	0
26	Lights, Shelves, etc 2016	4/01/16	1,500	1,500	214	367	367	0
27	Ex Mark Lawn Mower 2016	4/27/16	9,000	9,000	1,286	2,204	2,204	0
28	2016 Solar Panels	7/01/16	17,000	17,000	200	436	436	0
29	Driveway 2016	8/04/16	4,190	4,190	210	398	398	0
30	2016 Chairlift	9/26/16	9,949	9,949	1,421	2,437	2,437	0
31	2017 Track Chair	6/17/17	20,000	20,000	0	2,857	2,857	0
<b>Total Other Depreciation</b>			<u>1,257,663</u>	<u>1,257,663</u>	<u>131,389</u>	<u>58,688</u>	<u>58,688</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,257,663</u>	<u>1,257,663</u>	<u>131,389</u>	<u>58,688</u>	<u>58,688</u>	<u>0</u>
<b>Grand Totals</b>			1,257,663	1,257,663	131,389	58,688	58,688	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>1,257,663</u>	<u>1,257,663</u>	<u>131,389</u>	<u>58,688</u>	<u>58,688</u>	<u>0</u>

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**AMT Asset Report**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Laptop	4/23/13	567				567	5 MO200DB	518	37
2	Furniture In-Kind 2014	7/01/14	65,000				65,000	7 MO200DB	36,574	8,122
3	Building Improvements 2014	7/01/14	3,860				3,860	39 MO S/L	243	99
4	Building Improvements In-Kind 2014	7/01/14	146,816				146,816	39 MO S/L	9,255	3,765
5	Warrior Retreat	7/02/14	498,670				498,670	39 MO S/L	31,432	12,786
6	Land - Warrior Retreat	7/02/14	158,800				158,800	0 -- Land	0	0
7	Furniture	7/23/14	8,078				8,078	7 MO200DB	4,545	1,009
8	Building Improvements	6/29/15	9,436				9,436	39 MO S/L	373	242
9	Granite Counter Tops	6/30/15	10,080				10,080	7 MO200DB	3,909	1,763
10	Kitchens 2015	6/30/15	100,000				100,000	39 MO S/L	3,953	2,564
11	Appliances 2015	6/30/15	37,122				37,122	7 MO200DB	14,394	6,494
12	Basement Booths	6/30/15	26,523				26,523	39 MO S/L	1,048	680
13	Entrance and Patio	6/30/15	28,500				28,500	15 MO150DB	4,133	2,436
14	Flagpole	6/30/15	7,500				7,500	15 MO150DB	1,088	641
15	Furniture 2015	6/30/15	7,500				7,500	7 MO200DB	2,908	1,312
16	Garage Wheelchair Lift	6/30/15	15,000				15,000	39 MO S/L	593	385
17	Caretaker Apt Furniture	6/30/15	15,000				15,000	7 MO200DB	5,816	2,624
18	Fan, Lights and Lumber	6/30/15	10,300				10,300	39 MO S/L	407	264
19	Bedroom Furnishing	6/30/15	6,000				6,000	7 MO200DB	2,326	1,050
20	Handicapped Access Ramp	6/30/15	7,800				7,800	39 MO S/L	308	200
21	House Trim and Studs	6/30/15	5,000				5,000	39 MO S/L	197	128
22	Basketball Court	10/09/15	22,020				22,020	15 MO150DB	2,697	1,933
23	Flooring 2016	1/18/16	1,200				1,200	39 MO S/L	29	31
24	3 Water Heaters - 2016	1/18/16	3,252				3,252	7 MO200DB	465	796
25	Game System 2016	2/23/16	2,000				2,000	5 MO200DB	400	640
26	Lights, Shelves, etc 2016	4/01/16	1,500				1,500	7 MO200DB	214	367
27	Ex Mark Lawn Mower 2016	4/27/16	9,000				9,000	7 MO200DB	1,286	2,204
28	2016 Solar Panels	7/01/16	17,000				17,000	39 MO S/L	200	436
29	Driveway 2016	8/04/16	4,190				4,190	15 MO150DB	175	401
30	2016 Chairlift	9/26/16	9,949				9,949	7 MO200DB	1,421	2,437
31	2017 Track Chair	6/17/17	20,000				20,000	7 MO200DB	0	2,857
<b>Total Other Depreciation</b>			<u>1,257,663</u>				<u>1,257,663</u>		<u>130,907</u>	<u>58,703</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,257,663</u>				<u>1,257,663</u>		<u>130,907</u>	<u>58,703</u>
<b>Grand Totals</b>			1,257,663				1,257,663		130,907	58,703
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>1,257,663</u>				<u>1,257,663</u>		<u>130,907</u>	<u>58,703</u>

11/15/2018 3:12 PM

## Depreciation Adjustment Report

## All Business Activities

**There are no assets that meet the criteria of this report**

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**Future Depreciation Report****FYE: 12/31/18**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Laptop	4/23/13	567	24	12
2	Furniture In-Kind 2014	7/01/14	65,000	5,801	5,801
3	Building Improvements 2014	7/01/14	3,860	99	99
4	Building Improvements In-Kind 2014	7/01/14	146,816	3,764	3,764
5	Warrior Retreat	7/02/14	498,670	12,787	12,787
6	Land - Warrior Retreat	7/02/14	158,800	0	0
7	Furniture	7/23/14	8,078	721	721
8	Building Improvements	6/29/15	9,436	242	242
9	Granite Counter Tops	6/30/15	10,080	1,260	1,260
10	Kitchens 2015	6/30/15	100,000	2,564	2,564
11	Appliances 2015	6/30/15	37,122	4,638	4,638
12	Basement Booths	6/30/15	26,523	680	680
13	Entrance and Patio	6/30/15	28,500	2,193	2,193
14	Flagpole	6/30/15	7,500	577	577
15	Furniture 2015	6/30/15	7,500	937	937
16	Garage Wheelchair Lift	6/30/15	15,000	384	384
17	Caretaker Apt Furniture	6/30/15	15,000	1,874	1,874
18	Fan, Lights and Lumber	6/30/15	10,300	264	264
19	Bedroom Furnishing	6/30/15	6,000	750	750
20	Handicapped Access Ramp	6/30/15	7,800	200	200
21	House Trim and Studs	6/30/15	5,000	128	128
22	Basketball Court	10/09/15	22,020	1,694	1,739
23	Flooring 2016	1/18/16	1,200	31	31
24	3 Water Heaters - 2016	1/18/16	3,252	569	569
25	Game System 2016	2/23/16	2,000	384	384
26	Lights, Shelves, etc 2016	4/01/16	1,500	263	263
27	Ex Mark Lawn Mower 2016	4/27/16	9,000	1,574	1,574
28	2016 Solar Panels	7/01/16	17,000	436	436
29	Driveway 2016	8/04/16	4,190	358	362
30	2016 Chairlift	9/26/16	9,949	1,740	1,740
31	2017 Track Chair	6/17/17	20,000	4,898	4,898
<b>Total Other Depreciation</b>			<u>1,257,663</u>	<u>51,834</u>	<u>51,871</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,257,663</u>	<u>51,834</u>	<u>51,871</u>
<b>Grand Totals</b>			<u>1,257,663</u>	<u>51,834</u>	<u>51,871</u>

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**VA Future Depreciation Report****FYE: 12/31/18**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	VA
<b><u>Other Depreciation:</u></b>				
1	Laptop	4/23/13	567	24
2	Furniture In-Kind 2014	7/01/14	65,000	5,801
3	Building Improvements 2014	7/01/14	3,860	99
4	Building Improvements In-Kind 2014	7/01/14	146,816	3,764
5	Warrior Retreat	7/02/14	498,670	12,787
6	Land - Warrior Retreat	7/02/14	158,800	0
7	Furniture	7/23/14	8,078	721
8	Building Improvements	6/29/15	9,436	242
9	Granite Counter Tops	6/30/15	10,080	1,260
10	Kitchens 2015	6/30/15	100,000	2,564
11	Appliances 2015	6/30/15	37,122	4,638
12	Basement Booths	6/30/15	26,523	680
13	Entrance and Patio	6/30/15	28,500	2,193
14	Flagpole	6/30/15	7,500	577
15	Furniture 2015	6/30/15	7,500	937
16	Garage Wheelchair Lift	6/30/15	15,000	384
17	Caretaker Apt Furniture	6/30/15	15,000	1,874
18	Fan, Lights and Lumber	6/30/15	10,300	264
19	Bedroom Furnishing	6/30/15	6,000	750
20	Handicapped Access Ramp	6/30/15	7,800	200
21	House Trim and Studs	6/30/15	5,000	128
22	Basketball Court	10/09/15	22,020	1,694
23	Flooring 2016	1/18/16	1,200	31
24	3 Water Heaters - 2016	1/18/16	3,252	569
25	Game System 2016	2/23/16	2,000	384
26	Lights, Shelves, etc 2016	4/01/16	1,500	263
27	Ex Mark Lawn Mower 2016	4/27/16	9,000	1,574
28	2016 Solar Panels	7/01/16	17,000	436
29	Driveway 2016	8/04/16	4,190	358
30	2016 Chairlift	9/26/16	9,949	1,740
31	2017 Track Chair	6/17/17	20,000	4,898
<b>Total Other Depreciation</b>			<u>1,257,663</u>	<u>51,834</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,257,663</u>	<u>51,834</u>
<b>Grand Totals</b>			<u>1,257,663</u>	<u>51,834</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>		<b>Fundraising Other Events</b>			<b>2017</b>
Name <b>SERVE OUR WILLING WARRIORS</b>		For calendar year 2017, or tax year beginning _____, and ending _____			Employer Identification Number <b>** - ***3036</b>
Revenue	<b>1</b> Gross receipts	<b>GALA</b> <small>(event type)</small>	<small>(event type)</small>	<small>(event type)</small>	<b>53,158</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	<b>53,158</b>			<b>53,158</b>
	<b>4</b> Cash prizes				
Direct Expenses	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>39,020</b>			<b>39,020</b>

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**Federal Statements**

FYE: 12/31/2017

**Taxable Interest on Investments**

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 1,647		14			
TOTAL	\$ 1,647					



**Federal Statements**

11/15/2018 3:12 PM

**Form 990. Part IX. Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEALS	\$ 34	\$	\$ 34	\$
TOTAL	\$ 34	\$ 0	\$ 34	\$ 0

**Federal Statements**

11/15/2018 3:12 PM

**Schedule A, Part II, Line 8(e)**

Description	Amount
TOTAL	\$ 1,647
	\$ 1,647

**Schedule A, Part II, Line 9(e)**

Description	Amount
OTHER MONTE CARLO	\$ 37,170
LESS: DEDUCTIONS	15,466
TOTAL	-1,000
	\$ 51,636

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
GALA	\$ 53,158
TOTAL	\$ 53,158

## Virginia Diagnostics

### Critical Messages

None

### Electronic Filing

None

### Informational Messages

☐ This return is marked to be filed electronically

# Virginia Form 500 Return Summary

For calendar year 2017 or tax year beginning  
SERVE OUR WILLING WARRIORS

, ending  
\*\*-\*\*\*3036

## Taxable Income

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

## Taxable Computation

Income tax		
Nonrefundable tax credits		
<b>Adjusted corporate tax</b>		

## Payments and Penalties

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

## Next Year's Estimates

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
<b>Total</b>	

## Annual Registration Information

Gross contributions	774,492
Total fees	250
Registration / extended due date	ASAP

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

PO Box 526, Richmond, VA 23218-0526  
Phone: 804-786-1343 • FAX: 804-225-2666 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

OCRP-102 Revised 06/17

**REMITTANCE FORM  
CHARITABLE ORGANIZATION  
FORM 102**

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

Organization name: SERVE OUR WILLING WARRIORS

Address: 5501 MERCHANT VIEW SQUARE SUITE 263  
HAYMARKET VA 20169

Federal Employer Identification Number: \*\* - \*\*\* 3036

**REGISTRATION FEE AMOUNT**

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

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

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

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

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

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

Annual Registration Fee: \$ 250 (910-02619)  
(See pg. 6 of Form 102)

Total Fees: \$ 250

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

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

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

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

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

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

PO Box 526, Richmond, VA 23218-0526

Phone: 804-786-1343 • FAX: 804-225-2666 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

OCP-102 Revised 06/17

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

Please choose the type of registration:

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

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

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

1. Organization's primary name:

SERVE OUR WILLING WARRIORS

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

3. Required primary address: 5501 MERCHANT VIEW SQUARE SUITE 263

HAYMARKET  
City

VA  
State

20169  
Zip Code

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

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

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

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

5. Mailing address if different from primary address above: \_\_\_\_\_

City

State

Zip Code

6. Other contact information: 703-785-8980

Telephone, including area code

Fax, including area code

WWW.WILLINGWARRIORS.ORG

Internet URL

Organization's official e-mail address\*

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

SERVE OUR WILLING WARRIORS  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 2

\*\*-\*\*\*3036

Revised 06/17

## 7. Locations of other chapters, branches, affiliates:

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

If "Yes,"

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

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

## 8. Please check one:

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

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

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

City
State

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

SEE STATEMENT 1

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

Name and Company Name

Address

City

State

Zip Code

## 13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: \_\_\_\_\_ To: \_\_\_\_\_b) Has the organization recently changed its fiscal year? ☐ Yes ☒ No

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

From: \_\_\_\_\_ To: \_\_\_\_\_

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

SERVE OUR WILLING WARRIORS                      \*\*-\*\*\*3036  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 3

Revised 06/17

## 15. Key personnel:

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

SEE STATEMENT 2

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

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

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

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

16. Percentage of fundraising expenses for the **most recently completed fiscal year:**

- a) Total amount of contributions received directly from the public:  
 (found on the IRS Form 990, Part VIII, line 1h (less government grants))      780,921
- b) Total spent on fundraising, including contracts with professional  
 fund-raising counsel or professional solicitors:  
 (found on the IRS Form 990, Part IX, Line 25, Column D)      12,334
- c) Percent of fundraising expenses:  
 (found on this form, OCRP-102, Line 16b divided by Line 16a)      1.5794 %
- d) For Federated fund-raising organizations **ONLY**: State the percentage  
 withheld from a donation designated for a member agency:                          %

17. Please indicate the percentage of contributions received during the most recently  
 completed fiscal year that was dedicated to the charitable purpose of the charitable  
 organization:                          %

➤ **Attach a copy of your organization's financial report or IRS Form 990 for the most recently completed fiscal year (IRS Form 990N is not acceptable).** Please refer to the "Checklist of Required Attachments" on page 7 for more information regarding your filing options. **Note:** Your registration will be considered incomplete if the IRS Form 990/EZ/PF is **not signed**. You will also be assessed a \$100 **late fee** if you include a financial report for the **wrong** fiscal year.

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

☒ Yes    ☐ No

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

☐ Yes    ☒ No



SERVE OUR WILLING WARRIORS  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 4

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

☐ Yes ☒ No If "Yes" to question 20, please indicate the arrangement with your agency by checking below:

X	Category	Type of Arrangement
<input type="checkbox"/>	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
<input type="checkbox"/>	B	An outside consultant or professional fundraising counsel
<input type="checkbox"/>	C	A paid professional solicitor

If in Question 20 either B or C are checked, then please provide the following information:

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

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

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

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

☐ Yes ☒ No If "Yes," then name all such agencies. Submit an attachment if necessary.

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

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

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

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

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

X	Type of Solicitation
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Direct mail
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Special events
<input type="checkbox"/>	Door-to-door
<input type="checkbox"/>	Personal contact
<input type="checkbox"/>	Other (Specify):

SERVE OUR WILLING WARRIORS  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 5

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Revised 06/17

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

i) Are all questions on the form answered?

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

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

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

27. OATH OR AFFIRMATION.

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

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

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

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

MICHELLE BUCKLES

Print name

TREASURER

Title

Date

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

Print name

Title

Date

\*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) & president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff. The registration will be returned as **incomplete**, if the person signing as chief fiscal officer (chief financial officer/treasurer), by whatever title, is not identifiable on the listing of officers, directors, trustees, and principal salaried executive staff as the person authorized to act within the capacity and function of chief fiscal officer (see Section 57-49.D. of the Code of Virginia). The registration will also be returned as **incomplete**, if the form is not properly signed. Copies of the form are not allowed.

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

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

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

SERVE OUR WILLING WARRIORS  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 6

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Revised 06/17

### SCHEDULE OF REGISTRATION FEES

#### **FEE CRITERIA\***

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

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

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

#### **\*COMPUTATION OF FEE CRITERIA**

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

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 780,921

#### **Subtract**

- Funds received from federated fundraising organization (FFO)\*\*  
 (IRS Form 990, Part VIII, Line 1a): B 6,429
- Government Grants (IRS Form 990, Part VIII, Line 1e) C

Total Deductions (add Lines B and C) D 6,429

**GROSS CONTRIBUTIONS (subtract Line D from Line A)** E 774,492

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

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

**Virginia Statements**

FYE: 12/31/2017

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

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

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

MICHELLE BUCKLES

TREASURER

# Virginia Statements

\*\*\_\*\*\*3036

FYE: 12/31/2017

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

Name	Address 1	Address 2	City	State	Zip	Foreign Province or State	Title
SHIRLEY DOMINICK							PRESIDENT/FOUNDER
MICHELLE BUCKLES							TREASURER
JOHN DOMINICK	5501 MERCHANT VIEW SQUARE			VA	20169	RM 263	VICE PRESIDENT/CO-FO
PETER BAKER							OFFICER
LARRY ZILLIOX							OFFICER
MARK SHABER							SECRETARY
RICHARD BROOKS							OFFICE
GEORGE MCLAMB							OFFICER
JEFFREY KENDALL SAPP							EXECUTIVE DIRECTOR

<b>VA-8879C</b> Virginia Department of Taxation	<b>Virginia Corporation Income Tax e-file Signature          Authorization</b>	<b>Tax Year          2017</b>
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**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
 IT MUST BE MAINTAINED IN YOUR FILES!**

<b>Corporation Name</b>	<b>Federal ID Number</b>
SERVE OUR WILLING WARRIORS	**-***3036
<b>Part I Tax Return Information</b>	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
<b>Part II Declaration and Signature Authorization of Officer</b>	
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2017 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>	
<b>Officer's e-File PIN: check one box only</b> <input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>12345</u> as my signature on the corporation's 2017 electronic Virginia corporation income tax return. <div style="text-align: center;">Do not enter all zeros</div> <div style="text-align: center;"><u>EUBANKS &amp; COMPANY DBA CPA DEPARTMENT</u></div> <div style="text-align: center;">ERO Firm Name</div> <input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2017 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.	
Your Signature _____ Date <u>11/15/18</u>	
<b>Part III Certification and Authentication</b>	
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <span style="border: 1px solid black; padding: 2px;">*****</span> <div style="text-align: center;">Do not enter all zeros</div> <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p> ERO's Signature <u>JENNIFER EUBANKS, CPA</u> Date <u>11/15/18</u>	

# 2017 Virginia Schedule 500FED

## Schedule of Federal Line Items



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

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

Name as shown on Virginia return SERVE OUR WILLING WARRIORS

FEIN \*\*-\*\*\*3036

### Form 1120 - Deductions and Taxable Income

1. Domestic Production Activities Deduction	1.	.00
2. Federal Taxable Income before NOL and Special Deductions	2.	.00
3. Net Operating Loss Deduction	3.	.00
4. Special Deductions	4.	.00
5. Federal Taxable Income after NOL and Special Deductions	5.	.00

### Form 1120, Schedule C - Dividends and Special Deductions

6. Subpart F Income	6.	.00
7. Foreign Dividend Gross-Up	7.	.00

### Form 1120, Schedule K or M-3

8. Tax Exempt Interest	8.	.00
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### Form 5884 - Work Opportunity Credit

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

10. Special depreciation allowance for qualified property placed in service during the taxable year	10.	.00
11. Property subject to 168(f)(1) election	11.	.00
12. Other depreciation	12.	58,688.00

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

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

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

22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	22.	.00
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	23.	.00
24. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services	24.	.00
25. Total: Definitely Allocable - Other Definitely Allocable Deductions	25.	.00
26. Total: Total Definitely Allocable Deductions	26.	.00
27. Total: Apportioned Share of Deductions not Definitely Allocable	27.	.00
28. Total: Net Operating Loss Deduction	28.	.00
29. Total: Total Deductions	29.	.00

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

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